2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90150 043 ***158.75

DOCUMENT # 303573

1. Entity Name
FORENSIC ANALYSIS & ENGINEERING CORPORATION

Principal Place of Business
5301 CAPITAL BOULEVARD
SUITE -A
RALEIGH, NC 27616-2956 US

Mailing Address
JANE L. KOCHAN
100 PIERCE STREET
PENTHOUSE
CLEARWATER, FL 33756

03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1152131
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHAN, JANE L
100 PIERCE STREET
PENTHOUSE
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KOCHAN, ROBERT K
STREET ADDRESS	3743 CHESAPEAKE AVE.
CITY-ST-ZIP	HAMPTON, VA 23661
TITLE	STD
NAME	KOCHAN, APRIL B
STREET ADDRESS	3743 CHESAPEAKE AVE.
CITY-ST-ZIP	HAMPTON, VA 23661
TITLE	D
NAME	KOCHAN, JANE L
STREET ADDRESS	100 PIERCE ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert K. Kochan ROBERT K. KOCHAN President/CEO 2/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone (919) 8728788