

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90011 011 ***150.00

0573676 AT

DOCUMENT # 835878

1. Entity Name

INS INVESTIGATIONS BUREAU, INC.

Principal Place of Business

**9 CAMPUS DRIVE
 PARSIPPANY NJ 07054
 US**

Mailing Address

**P.O. BOX 316
 PARSIPPANY NJ 07054-0316
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

City & State **JOCelyn E.
 ATTENTION: GILMORE, CORPORATE PARALEGAL**

City & State

4. FEI Number

13-2829003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PCT**
 STREET ADDRESS **THOMPSON, MICHAEL W**
 CITY-ST-ZIP **4426 BROOKSHADOW DRIVE
 KINGSWOOD TX 77345**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **HARDY, EDD M**
 CITY-ST-ZIP **7208 BELL CHASSE
 NASHVILLE TN 37221**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **OF, RAY**
 CITY-ST-ZIP **2472 GRAND AVE
 BELLMORE NY 11710**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JACKSON, THOMAS M**
 CITY-ST-ZIP **17 HAWTHORNE CT
 MORRISTOWN NJ 07960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. JACKSON, CORPORATE SECRETARY

Date

Daytime Phone

**4/30/02 (973) 993-3400
 X 3586**

CR2E034 (9/01)