FILED Feb 05, 2004 8:00 am Secretary of State

2004 FOR PROFIT CORPORATION

ANNUAL KEPOKI								02-05-2004	4 90013 01	6 ***1	50.00	
DOCUMENT # F02000000855 1. Entity Name ARMOR HOLDINGS FORENSICS, INC.								U	3020m			
					200							
Principal Place 13386 INTE IACKSONVIL	RNATIONAL	PARKWAY	Mailing Address 1400 MARSH LANDING PKWY., STE 112 JACKSONVILLE, FL 32218				1 1881 B 1897	E#F E# 25 BAIN BA	n FBIII ESIN BRISC		ITT NÅE TI TNÅI	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01272004	Chg-P	CR2E034	(10/03)		
City & State			City & State				4. FEI Number				oplied For	
- Zip-		Country	Zip	try	59-3678749 Not Applicable 5. Certificate of Status Desired See Required Fee Required					ditional		
	6. Name	and Address of Current	legistered Agent				7. Name and A	ddrese of New R	legistered Age	rit		
						Name						
1201 HAY	ES ST.	RVICE COMPANY	Street A			dress (F	P.O. Box Number	is Not Acceptable	3)			
TALLAHASSEE, FL 32301												
					City				FL	Zip Cod	e	
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 Signature, typest or printed name of registered agent and title if equicable. (NOTE: Registored Agord signature required when reinstating) DATE												
	Signature, typest	or printed name of registered agent a	ind title if epolicable. (NOTE: Registored	d Agoni signatu	re required	when reinstating)		DATE			
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DI	ECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE		V/AS			Ĺ.	Change	Addition	
NAME	CROSKREY, STEPHEN E ESS 13386 INTERNATIONAL PARKWAY S						elli, Phil					
STREET ADORESS CITY-ST-ZIP	l .	ERNATIONAL PARKW IVILLE, FL 32218	AY	•	ET AODRESS (- ST - ZIP			ng Parkway,	Suite 112		ĺ	
TITLE	VT	· ·	☐ Delete	TITLE		Jacks	onville, FL 3	32250		Change	Addition	
NAME	WILLIAMS, MARK				· E				l	, change	C Addition	
STREET ADORESS	RESS 13386 INTERNATIONAL PARKWAY			1	ET ADDRESS							
CITY-ST-ZIP					·ST-ZIP							
TITLE NAME	V Delets III.					·			. 🗆	Change	☐ Addition	
STREET ADDRESS	1											
City-St-Zip	1											
TITLE .	s		☐ Delete	TTILE	1					Change	Addition	
NAME	SMITH, TODD 1400 MARSH LANDING PARKWAY, SUITE 112 STR											
STREET ADDRESS City-St-Zip	I	IVILLE, FL 32250	41, 5011 E 12		ET ADDRESS ST-ZIP							
TITLE	D		☐ Defete	TITLE		DΛ			IX)	Change	Addition Addition	
NAME	1	R, ROBERT R		NAME			er, Robert R			-	_	
STREET ADDRESS City-St-zip					et address -st-zip			ing Parkway,	Suite 112			
	UNUNOUN	IVILLE, I L 32230	□ Paleta	TITLE		Jacks	onville, FL 3	2250		Change	Addition	
TITLE NAME			☐ Deleta	NAME						ONGIUE	L.J. MOCHITOR	
STREET ADDRESS	}			STREE	ET ADDRESS						,	
CITY-ST-ZIP	L		-		ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption steted 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 807, Florida Statutes: and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: Todd S. Smith, Secretary (.27.04 Go4.741.1728) SIGNATURE: Ogg PRINTED NAME OF SIGNANG OFFICER OR DERECTOR Date Officer of Device of Control o											11728	
		GIVEN A LOUIS WAS TALKED ON AL	THE PROPERTY OF BUSINESS OF THE	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	~ 11			CHIR	ugylan:	I CTEXAGE	I	