2009 FOR PROFIT CORPORATION

		KEII	19 M	EMENI	• •		7				
DOCUMENT # F0400005771 1. Entity Name KROLL LABORATORY SPECIALISTS, INC.									- MUL 00		1 8: 03
Principal Plac	e of Busines	s		Mailing Address			1		slukli/	act Of	STATE
1111 NEWTON STREET				1111 NEWTON STREET			•		SLUKLI/ TALLAHA	SSEE,	FLORIDA
GRETNA, LA 70053				GRETNA, LA 70053							,
Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			040	NSTATE	AAERP	18 (1 <i>[8]</i>)	8-09
City & State				City & State			4. FEI Numb	er		Ar	oplied For ot Applicable
Žip	Country			Zip		ntry	5. Certificate	e of Status Desired	X §	8.75 Add	ditional
6. Name and Address of Current				legistered Agent			7. Name and	d Address of New			· · · · · · · · · · · · · · · · · · ·
					Name						
ELMER, LAURIE 13011 HIBISCUS SEMINOLE, FL 33776					Street Address (reet Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zìp Cod	е
			atement for the	purpose of changing i	ts register	ed office or register	ed agent, or bo	oth, in the State of	Florida. I am far	niliar with,	and accept
the obligations of registered agent											
SIGNATURE Squature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
	orgitature, typeu	or printed harner or reg	iste en agent End it	De li applicable (140	/ E. Register	en Yöstir siğüstüre redili	eo witen terretating	<u>, </u>	DATE		
FILE NOW!!! FEE IS \$900.00											
10.		OFFIC	ERS AND DIR	ECTORS	11.		ADDITIONS	L /CHANGES TO O	FFICERS AND D	IRECTOR	S IN 11
TITLE	Р			☐ Delete	TITL	l				Change	Addition
NAME STREET ADDRESS	PETERSON, JOHN 1111 NEWTON STREET STR					E ADDRESS	700149458547 04/10/0901031005 ***908.75				
CITY-ST-ZIP						-ST-ZIP	04/1	0/090103	31005	**908	.75
TITLE	ST			☐ Delete	TITL	E .] Change	Addition
NAME	1	LED, ROBERT			NAM						į
STREET ADDRESS CITY-ST-ZIP	SS 1111 NEWTON STREET GRETNA, LA 70053					ET ADDRESS -ST-ZIP					
TITLE	J Orac rrays,	21 10000		☐ Delete	TITL		-L		Г	Change	Addition
NAME	<u> </u> 				NAM		\mathcal{A}	h./~	_	_ change	
STREET ADDRESS						ET ADDRESS	V)	16/3			
CITY-ST-ZIP	-					-ST-ZIP	/_			7 Chanca	Addition
TITLE NAME				☐ Delete	TITL		1] Change	☐ Addition
STREET ADDRESS						TET ADDRESS					
CITY-ST-ZIP						-ST-ZIP		 		.	
TITLE NAME	1			Delete	TITL Nam	į.			L] Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				Delete	TITL	1] Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	E Et address					
CITY-ST-ZIP						-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Office A Acustic Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Degrine Priors P											
		ハルッカノスレイ	1/2	Laurie	2.1n	UN	4/	ファム	727-3	ママッ	-7 /-1