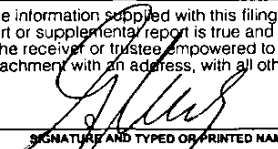


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90015 026 ***150.00

DOCUMENT # F06000006961 1. Entity Name FAIL SAFE TESTING INCORPORATED					
Principal Place of Business 1 TUPPENCE RD MANALAPAN, NJ 07726			Mailing Address PO BOX 655 MANALAPAN, NJ 07726		
2. Principal Place of Business - No P.O. Box # 18 KINGS MILL ROAD		3. Mailing Address Suite, Apt. #, etc.			
City & State MONROE TOWNSHIP NJ		City & State			
Zip 08831		Country USA		4. FEI Number 20-4898683	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRINEN, RUTH 6700 PALERMO WAY LAKE WORTH, FL 33467			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS NIRENBERG, GEORGE 1 TUPPENCE RD MANALAPAN, NJ 07726 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18 KINGS MILL ROAD MONROE TOWNSHIP NJ 08831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIRENBERG, JEANETTE 1 TUPPENCE RD MANALAPAN, NJ 07726 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18 KINGS MILL ROAD MONROE TOWNSHIP NJ 08831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  GEORGE NIRENBERG 2/14/08 732-728-0739 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					