

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90065 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000001041**

1. Corporation Name  
**ENGINEERING AND FIRE INVESTIGATIONS, INC.**



Principal Place of Business ENGINEERING AND FIRE INVESTIGATIONS, INC 2218 NORTH PARK DRIVE KINGWOOD TX 77339 US	Mailing Address P O BOX 316 SUITE 7 PARSIPPANY NJ 07054-0316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>02/24/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>74-2060190</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTCE THOMPSON, MICHAEL W 2218 NORHPARK DRIVE KINGWOOD TX 77339	<input type="checkbox"/>	1.2 NAME	
VPCT JACOBS, O J 2218 NORTH PARK DRIVE KINGWOOD TX 77339	<input type="checkbox"/>	1.3 STREET ADDRESS	
VC CRADDOCK, J R 2218 NORTH PARK DRIVE KINGWOOD TX 77339	<input checked="" type="checkbox"/>	1.4 CITY-ST-ZIP	
COOS CONLEY, SCOTT 2800 NORTH CENTRAL AVE #1750 PHOENIX AZ 85004	<input checked="" type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP HEYER, DANIEL W 4405 INTERNATIONAL BLVD #B115 NORCROSS GA 30093	<input type="checkbox"/>	2.2 NAME	
VP BOURES, ANTHONY J 9 CAMPUS DRIVE PARSIPPANY NJ 07054	<input type="checkbox"/>	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<b>VICE PRESIDENT + CORPORATE SECRETARY</b>
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony J. Boures* ANTHONY J. BOURES 4/23/99 (973) 993-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)