

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90110 043 ***150.00

DOCUMENT # F93000001041

1. Entity Name
ENGINEERING AND FIRE INVESTIGATIONS, INC.

Principal Place of Business ENGINEERING AND FIRE INVESTIGATIONS, INC 2218 NORTHPARK 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		3. Mailing Address		4. FEI Number 74-2060190		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C-T-CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, MICHAEL W		NAME				
STREET ADDRESS	2218 NORTHPARK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KINGWOOD TX 77339		CITY-ST-ZIP				
TITLE	VPCT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACOBS, O J		NAME				
STREET ADDRESS	2218 NORTHPARK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KINGWOOD TX 77339		CITY-ST-ZIP				
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRADDOCK, J R		NAME				
STREET ADDRESS	2218 NORTHPARK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KINGWOOD TX 77339		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEYER, DANIEL W		NAME				
STREET ADDRESS	4405 INTERNATIONAL BLVD #B115		STREET ADDRESS				
CITY-ST-ZIP	NORCROSS GA 30093		CITY-ST-ZIP				
TITLE	VPCS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOURES, ANTHONY J		NAME				
STREET ADDRESS	9 CAMPUS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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)(j), 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: Michael W. Thompson **REQUIRED** MICHAEL W. THOMPSON 680-358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)