

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27 1997 8:00am
Secretary of State

DOCUMENT # F93000001633

1. Corporation Name

Inchcape Testing Services NA Inc.

Principal Place of Business

Mailing Address

1 Tech Drive
Andover, MA 01810

150 N. Michigan Ave.
Suite 2500
Chicago, IL 60601

3. Date Incorporated or Qualified
03/26/93

3a. Date of Last Report
11/01/96

4. FFI Number
13-0668365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 3933 US Route 11

27 Suite, Apt. #, etc.

28 Cortland, NY

29 Zip Country

13045

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lexis Document Services, Inc.
3953 MW Kelley Road
Tallahassee, FL 32311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	PD	☐ DELETE
NAME	Eric Birch	
STREET ADDRESS	1 Tech Drive	
CITY-ST-ZIP	Andover, MA 01810	
TITLE	VST	☒ DELETE
NAME	Patrick Sweeney	
STREET ADDRESS	1 Tech Drive	
CITY-ST-ZIP	Andover, MA 01810	
TITLE	AT	☐ DELETE
NAME	Mark Dolifka	
STREET ADDRESS	5051 Westheimer, Post Oak Tower	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	ASD	☐ DELETE
NAME	Robert E. Wangard	
STREET ADDRESS	150 N. Michigan Ave., Suite 2500	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	V	☐ DELETE
NAME	Brian Pitzer	
STREET ADDRESS	1 Tech Drive	
CITY-ST-ZIP	Andover, MA 01810	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	TS
2.3 STREET ADDRESS	Joseph Casey
2.4 CITY-ST-ZIP	1 Tech Drive
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	Robert E. Wangard
4.4 CITY-ST-ZIP	150 N. Michigan Ave., Suite 2500
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 (607)758-6437

CR2E034 (9/96)