

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-10-1999 90080 022 ***150.00

DOCUMENT # F93000003817

1. Corporation Name

HYDROLOGIC, INC.

NAME CHANGED TO "TEST AMERICA INCORPORATED"

Principal Place of Business

4310 EAST ANDERSON RD.
ORLANDO FL 32812

Mailing Address

122 LYMAN ST.
ASHEVILLE NC 28801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

56-1736830

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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

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 PC ☐ DELETE
NAME BARR, THOMAS R
STREET ADDRESS 122 LYMAN ST.
CITY-ST-ZIP ASHEVILLE NC 28801

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME ROSENSTEIN, BARRY
STREET ADDRESS SAGAPONACK PARINERS, 170 COLUMBUS AVE
CITY-ST-ZIP SAN FRANCISCO CA 94133

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME WEISMAN, MARC A
STREET ADDRESS SAGAPONACK PARINERS 645 FIFTH AVE 8TH FL
CITY-ST-ZIP NEW YORK NY 10022

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME MARCUM, W. PHILLIP
STREET ADDRESS MARCUM NATURAL GAS 1675 BROADWAY #2150
CITY-ST-ZIP DENVER CO 80202

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME SANDERS, MARK
STREET ADDRESS FIFTEEN SE REALTY INC 11 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10010

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS ☒ DELETE
NAME KERSCHEN, ALAN
STREET ADDRESS 122 LYMAN ST.
CITY-ST-ZIP ASHEVILLE NC 28801

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
TREAS MICHAEL EVERS
122 LYMAN
ASHEVILLE, NC 28801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

828 258 3746

Daytime Phone #

CR2E034 (11/98)