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 Feb 24, 1999 8:00 am Secretary of State** 02-24-1999 90171 038 ***150.00

DOCUMENT # F98000003805

1. Corporation Name

AMERICAN ANALYTICAL SERVICES, INC.

Principal Place of Business	Mailing Address
110 TECHNOLOGY PKWY NORCROSS GA 30092	110 TECHNOLOGY PKWY NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/06/1998

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number 58-1625655	Applied For Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
DRAPER, CHRISTY J 5528 SEA SPRAY DR PENSACOLA FL 32507	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City	**85** Zip Code FL

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 CP ☐ DELETE NAME OWENS, ROBERT JR STREET ADDRESS 110 TECHNOLOGY PKWY CITY-ST-ZIP NORCROSS GA 30092	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VCV ☐ DELETE NAME DYER, BILLY P STREET ADDRESS 110 TECHNOLOGY PKWY CITY-ST-ZIP NORCROSS GA 30092	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE SD ☐ DELETE NAME JONES, G. WYN STREET ADDRESS 110 TECHNOLOGY PKWY CITY-ST-ZIP NORCROSS GA 30092	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: _____   2/11/99   (770)734-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)