2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H47755

FILED Jan 05, 2004 Secretary of State

Entity Name: EMS SCIENTISTS, ENGINEERS, PLANNERS, INC.

Current Principal Place of Business: New Principal Place of Business:

393 CENTERPOINTE CIR STE 1483 393 CENTERPOINTE CIR STE ALTAMONTE SPRINGS, FL 32701

1483

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

393 CENTERPOINTE CIR STE 1483 393 CENTERPOINTE CIR STE

ALTAMONTE SPRINGS, FL 32701 1483

ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-2538538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIELSEN, STEPHEN A. ROBERTS, L. THOMAS 465 HIDDEN RIDGE DR 257 HUNTÍNGTON DR. ENTERPRISE, FL 32728 DELAND, FL 32724

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: L. THOMAS ROBERTS 01/05/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NIELSEN, STEPHEN A., ROBERTS, L. THOMAS Name: Name:

465 HIDDEN RIDGE DR. 257 HUNTINGTON DRIVE Address: Address: City-St-Zip: ENTERPRISE, FL City-St-Zip: DELAND, FL 32724

Title: (X) Change () Addition Title: () Delete

MULDREW, KEVIN Name: EXNER, GARY Name: 410 LAKE LENELLE DR 10014 CREEK WATER BLVD. Address: Address:

CHULUOTA, FL 32766 ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition BRADOW, STUART N SINN, GINGER Name: Name:

201 SHERYL DRIVE 312 FOURTEENTH STREET Address: Address:

City-St-Zip: DELTONA, FL City-St-Zip: ST. AUGUSTINE, FL 32804

Title: () Delete Title: (X) Change () Addition

NIELSON, GERI DAWKINS, JANET E Name: Name:

Address: 465 HIDDEN RIDGE DR Address: 450 GOLFBROOK LANE #204 City-St-Zip: ENTERPRISE, FL City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: L. THOMAS ROBERTS 01/05/2004