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Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998   |  |         |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # K11023 (4)</b><br>1. Corporation Name<br><b>KHAJEH-NOORI INDUSTRIAL HYGIENISTS, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>3209 TAMPA ST.<br/>TAMPA FL 33603</b>   |  | Mailing Address<br><b>3209 TAMPA ST.<br/>TAMPA FL 33603</b>                              |   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |   | 3. Date Incorporated or Qualified<br><b>01/07/1988</b><br>4. FEI Number<br><b>59-2861874</b><br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>KHAJEH-NOORI, KAMRAN<br/>3209 TAMPA ST.<br/>TAMPA FL 33603</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE   |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>1.1 PST KHAJEH-NOORI, KAMRAN 3209 TAMPA ST. TAMPA FL<br>1.2 DV KHAJEH-NOORI, KAMRAN 3209 TAMPA ST. 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