

\$ 50

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


APPROVED
AND
FILED

05 APR 28 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152005 Chg-LLC CR2E083 (10/03) *MRS*

DOCUMENT # M04000001607					
1. Entity Name ARMOR HOLDINGS FORENSICS, L.L.C.					
Principal Place of Business 13386 INTERNATIONAL PKWY JACKSONVILLE, FL 32218			Mailing Address 13386 INTERNATIONAL PKWY JACKSONVILLE, FL 32218		
2. Principal Place of Business			3. Mailing Address 13386 International Parkway		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Jacksonville, FL		
Zip		Country	Zip 32218		Country Duval
4. FEI Number 59-3678749				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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, I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Phil Baratelli</i> (NOTE: Registered Agent signature required when reinstating) DATE 05/17/05--01028--003 **1200.00					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	SCHILLER, ROBERT R				
STREET ADDRESS	1400 MARSH LANDING PKW #112				
CITY-ST-ZIP	JACKSONVILLE, FL 32250				
TITLE	MGR	<input checked="" type="checkbox"/> Delete			
NAME	CROSKREY, STEPHEN E				
STREET ADDRESS	13386 INTERNATIONAL PKWY				
CITY-ST-ZIP	JACKSONVILLE, FL 32218				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	MGRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHILLER, Robert R				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	O'Brien, Scott				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Williams, Mark				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Katz, Glen				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Seidel, James				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Baratelli, Phil				
STREET ADDRESS	13386 International Parkway				
CITY-ST-ZIP	Jacksonville, FL 32218				
11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Phil Baratelli</i>		Phil Baratelli		April 18, 2005 (904) 741-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	