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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46086 (7)

1. Corporation Name

THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEER  
ING SCIENCES, INC.

Principal Place of Business

Mailing Address

2031 SW 36 AVE  
FT. LAUDERDALE FL 33312-4208  
USP.O. BOX 478  
FT. LAUDERDALE FL 33302-0478  
US3. Date Incorporated or Qualified  
11/18/19913a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0330050

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHE, GERALD R A  
2031 SW 36 AVENUE  
FT LAUDERDALE FL 33312

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE  
NAME LIEBLER, GEORGE E. P.E.  
STREET ADDRESS 1901 S.E. 24 AVE  
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME TIMS, EUGENE F.  
STREET ADDRESS 4840 NEWCOMB DR  
CITY-ST-ZIP BATON ROUGE LA2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME SCHORR, STEVEN M. P.E.  
STREET ADDRESS 1603 OLD YORK RD  
CITY-ST-ZIP ABINGTON PA3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME FISHE, GERALD R.A. P.E.  
STREET ADDRESS 2031 SW 36 AVE  
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME DORION, ROBERT B J  
STREET ADDRESS 1 PLACE VILLE-MARIE 1521  
CITY-ST-ZIP MONTREAL, QC, CANADA5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME WILKINSON, HAROLD J. P.E.  
STREET ADDRESS 1022 WATERDOWN RD  
CITY-ST-ZIP BURLINGTON, ONT CAN6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035436

CR2E037 (9/96)