

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # N46086

1. Entity Name  
THE INTERNATIONAL INSTITUTE OF FORENSIC  
ENGINEERING SCIENCES, INC.



Principal Place of Business  
2870 STIRLING RD  
HOLLY WOOD, FL 33020

Mailing Address  
2870 STIRLING RD  
HOLLY WOOD, FL 33020 US

**DO NOT WRITE IN THIS SPACE**

02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0330050  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRATE, FRANK E  
2870 STIRLING ROAD  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRATE, FRANK E PE 2870 STIRLING RD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TIMS, EUGENE F. 4840 NEWCOMB DR BATON ROUGE, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHORR, STEVEN M. P.E. 1603 OLD YORK RD ABINGTON, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DORION, ROBERT B J 1 PLACE VILLE-MARIE 1521 MONTREAL, QC, CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILKINSON, HAROLD J. P.E 1022 WATERDOWN RD BURLINGTON, ONT CAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*FRANK GRATE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 954-889-0089/HO  
Date Daytime Phone #