

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 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**



04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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**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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK GRATE**

**4/14/05 954-889-0089 X10**

Date

Daytime Phone #