

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
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**



03262008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000876081
04/11/08-80059-009 61.25

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 exemptions contained in Chapter 119, 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

3/26/08 954-551-2654
Date Daytime Phone #