

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51481

FILED
Mar 23, 2009
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF BOMB TECHNICIANS AND INVESTIGATORS, INC.

Current Principal Place of Business:

IABTI C/O KURT SIDENSTICK
14755 BACKWOODS TRAIL
FREDERICKSBURG, VA 22406

New Principal Place of Business:

IABTI C/O MARY GILL
1120 INTERNATIONAL PARKWAY, SUITE 129
FREDERICKSBURG, VA 22406

Current Mailing Address:

IABTI
PO BOX 160
GOLDVEIN, VA 22720 US

New Mailing Address:

FEI Number: 51-0137445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIDENSTICK, KURT
Address: PO BOX 160
City-St-Zip: GOLDVEIN, VA 22720

Title: D () Delete
Name: MILES, KEVIN
Address: PO BOX 24949
City-St-Zip: LOS ANGELES, CA 90024

Title: D () Delete
Name: SHAW, CHARLES
Address: PO BOX 111
City-St-Zip: HAWLEYVILLE, CT 06440

Title: D () Delete
Name: SMITH, GREG
Address: PO BOX 1351
City-St-Zip: SUISUN CITY, CA 94585

Title: D () Delete
Name: GLASS, DAVID
Address: PO BOX 37941
City-St-Zip: SHREVEPORT, LA 71133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILL, MARY C DOO
Address: PO BOX 160
City-St-Zip: GOLDVEIN, VA 22720

Title: D (X) Change () Addition
Name: TIMOTHY, COOPER
Address: PO BOX 160
City-St-Zip: GOLDVEIN, VA 22720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C. GILL

MS.

03/23/2009

Electronic Signature of Signing Officer or Director

Date