

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9400001188

INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATOR S. INC.

Principal Place of Business 9 SHERWOOD DRIVE WESTOFRD MA 01886 US

SIGNATURE

Mailing Address

9 SHERWOOD DRIVE WESTFORD MA 01886

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90216 014 ****61.25

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2. Principal P	lace of Business					3. Date Incorporated or Qualifed 04/01/1994										
21		26	<u> </u>													
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.	=					FEI Numb					_		lied For
22		27							<u>59-323</u>	1932					=-	Applicable
City & Stat	e	City 8	& State					5.	Certifcate	of Status	Desired				75 Ad 98 Req	iditional uired
Zip	Country	Zip		Cou	ntry		+	6	Election C	`amnaidn	Financii	na		\$5	00 1	May Be
─ 1 '	r— ´	29		30	,				Trust Fun			. 9			ided to	
24	9. Name and Address of Current		Agent	30								w Regist	ered	Agent		
	5. Name and Address of Current	Registered	Agoin	·	81	Name					:			-		
****	0. 0440.0				Ц											
MACGILLIS, DAVID C					82	Street A	Address	s (P.	O. Box N	umber is	Not Acce	eptable)				
14212 BUCKHORN ROAD					83											
TALLAHA	SSEE FL 32312				03											
					84	City							FL	85	Zip C	ode
44 5	to the provisions of Sections 617.0502	and 617 150	19 Elorida Statu	tee the a	hove	-nemed (COMOLS	tion	submits 1	his stater	nent for	the purpo	se of	changi	ng its r	egistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	it Florida Suc	ch change was i	autnonzei	יעסנ	ine corbo	ration's	s boa	ard of dire	ctors. I h	ereby ac	cept the	appoi	ntment	as reg	istered
SIGNATURE																
	Signature, typed or printed name of registered agent			E: Registered	Agen	t signature re	quired wh			SICHANIC	SEC TO	DA OFFICEF		D DIRI	CTO	S IN 12
12.	OFFICERS AND	DIRECTOR		13.					DUITION	SICHAIN	363 10	OFFICE	13 AI	☐ Ch		Addition
TITLE	VP		☐ DELETE	1,1 TI		1								<u></u> 0₁	ungo	
NAME	SPARKMAN, ED P			1.2 N	AME	j										
STREET ADORESS	NICB, 10330 S ROBERTS RD			1.3 S	TREET	ADDRESS										
CITY-ST-ZIP	PALOS HILLS IL 60465			1.4 C	TY-ST	-ZtP										
TITLE	TS		□ DELETE	2.1 T	TLE	l								다	ange	Addition
NAME	HIGGINS, MICHAEL R			2.2 N	AME	i								•		
STREET ADDRESS	9 SHERWOOD DRIVEW			2.3 \$	TREET	ADDRESS										
CITY-ST-ZIP	WESTFORD MA 01886			2.40	πy-s	T-ZIP										
TITLE	VP		☐ DELETE	3.1 T	TLE				-				-	Ch	ange	Addition
NAME	BEAN, SAM			3.2 N	AME											
STREET ADDRESS	AZE M CTODY DOAD			3.3 \$	TREET	ADORESS										
CITY-ST-ZIP	OCOEE FL 34761				TY-S	- 1										
TITLE	ST		☐ DELETE	4.1 T	-					-				Ct	ange	Addition
NAME	KILBY, KARLTON			4.21	IAME											
STREET ADDRESS	AZA DOLECAD DO			4,3 S	TREET	ADDRESS										
	YELLOW SPRINGS OH 45387				TY-S1	1										
CITY-ST-ZIP TITLE	D		☐ DELETE	5.1 T										□ Ci	ange	Addition
	ROSS, ROBERT			5.2 N												
NAME	ONE STATE FARM PLAZA, A4					ADDRESS										
STREET ADDRESS	BLOOMINGTON IL 61710				ITY-S	ŀ										
CITY-ST-ZIP			☐ DELETE	6.1 T		1-215								CI	ange	☐ Addition
TITLÉ	D OMBEROU KENNELL		☐ DELETE			1								<u> </u>		
NAME	SWIDERSKI, KENNITH J			6.2 N												
STREET ADDRESS						ADDRESS										
CITY-ST-ZIP	WINTHROP HARBOR IL 60096				ITY-S1							16.25		41E . AL -	the :	
14 Lhoroby	certify that the information supplied wit	h this filing de	nae not qualify f	or the ave	mnti	on stated	Lin Sec	noite	119.07(3	III). Florid	ıa Statut	es. I turth	er cer	นเง เกล	i ine ir	rormation

nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier that 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 changed in on an attack ment with an address, with all other like empowered.