### 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9400001188

# **FILED** Jan 19, 2001 8:00 am Secretary of State

INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATOR					01-19-2001 90010 035 ****61.25				
Principal Plac	e of Business	Mailing Address							
9 SHERWOOD DRIVE WESTOFRD MA 01886 US		9 SHERWOOD DRIVE WESTFORD MA 01886 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SF	PACE		
City & State		City & State		4. FEI I	Number <b>59-3231</b> 9	932		plied For t Applicable	
Zip	Country	Zip	Country	5. Cert	ificate of Status Desir		8.75 Add ee Required		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
,				Natio					
MACGILLIS, DAVID C			Street A	Street Address (P.O. Box Number is Not Acceptable)					
14212 BUCKHORN ROAD TALLAHASSEE FL 32312									
() (222 4 1) (4			City			FL	Zip Code	•	
8. The above	named entity submits this statement for statement for signature, typed or printed name of registered agent at FILE NOW:	nd title if applicable. (NOTE: F	Registered Agent signa	sture required when reinsta	ting)	of Florida.  DATE  Make Check Pa	ayable to		
FEE IS \$61.25		Trust Fund Contribution.		Added to Fees	ded to Fees Department of State				
10.	OFFICERS AND DIRI		11.	Dunne	S/CHANGES TO OFF			- <b>1</b> /	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPARKMAN, ED P NICB, 10330 S ROBERTS RD PALOS HILLS IL 60465	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN R. TENN/WILD TALBOTI	RIPLEY HER RESIDENT	6032 W·A	v d <i>. Toh</i> N	Addition Section Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HIGGINS, MICHAEL 9 SHERWOOD DRIVEW WESTFORD MA 01886	☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAN, SAM 475 W STORY ROAD OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KILBY, KARLTON 470 POLECAR RD YELLOW SPRINGS OH 45387	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, ROBERT ONE STATE FARM PLAZA, A4 BLOOMINGTON IL 61710	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLAND, PATRICK M 2925 BRETT LOOP EUGENE OR 97404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.