

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# N94000001188

Entity Name: INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATORS, INC.

**Current Principal Place of Business:**

9 SHERWOOD DRIVE  
WESTOFRD, MA 01886 US

**New Principal Place of Business:**

39 COVE LAKE ROAD  
CARRIERE, MS 39426 US

**Current Mailing Address:**

9 SHERWOOD DRIVE  
WESTFORD, MA 01886 US

**New Mailing Address:**

39 COVE LAKE ROAD  
CARRIERE, MS 39426 US

FEI Number: 59-3231932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACGILLIS, DAVID C  
14212 BUCKHORN ROAD  
TALLAHASSEE, FL 32312 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: SPARKMAN, ED P  
Address: NICB, 10330 S ROBERTS RD  
City-St-Zip: PALOS HILLS, IL 60465

Title: TS ( ) Delete  
Name: HIGGINS, MICHAEL  
Address: 9 SHERWOOD DRIVEW  
City-St-Zip: WESTFORD, MA 01886

Title: D ( ) Delete  
Name: BEAN, SAM  
Address: 475 W STORY ROAD  
City-St-Zip: OCOEE, FL 34761

Title: V1 ( ) Delete  
Name: KILBY, KARLTON  
Address: 470 POLECAR RD  
City-St-Zip: YELLOW SPRINGS, OH 45387

Title: V2 ( ) Delete  
Name: KELLY, KEVIN M  
Address: USCG, 501 MAGAZINE ST. RM 1330  
City-St-Zip: NEW ORLEANS, LA 701303396

Title: P ( ) Delete  
Name: ROWLAND, PATRICK M  
Address: 2925 BRETT LOOP  
City-St-Zip: EUGENE, OR 97404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ELLINGSEN, DONALD  
Address: 280 DEER PASS EAST  
City-St-Zip: HAVANA, FL 32333

Title: TS (X) Change ( ) Addition  
Name: KELLY, KEVIN  
Address: 39 COVE LAKE ROAD  
City-St-Zip: CARRIERE, MS 39426

Title: V1 (X) Change ( ) Addition  
Name: BEAN, SAM  
Address: 475 W STORY ROAD  
City-St-Zip: OCOEE, FL 34761

Title: P (X) Change ( ) Addition  
Name: KILBY, KARLTON  
Address: 12 WOODMONT CT  
City-St-Zip: STAFFORD, VA 22554

Title: V2 (X) Change ( ) Addition  
Name: SMITH, MICHAEL H  
Address: 2927 MAIN ST  
City-St-Zip: LOHMAN, MO 65053

Title: D (X) Change ( ) Addition  
Name: TALLMAN, WILLIAM  
Address: 104 ADRIATIC AVE  
City-St-Zip: WARETOWN, NJ 08758

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN M KELLY

TS

07/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date