


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90130 018 ****61.25

DOCUMENT # N95000005046 1. Entity Name NATIONAL FORENSIC SCIENCE TECHNOLOGY CENTER, INC.					
Principal Place of Business 7881 114TH AVENUE N LARGO, FL 33773 US			Mailing Address 7881 114TH AVENUE N LARGO, FL 33773 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3348101	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOTHRIDGE, KEVIN L EX. DIR 7881 114TH AVENUE NORTH LARGO, FL 33773				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPPO, MICHAEL 2060 HILL MEADOW DRIVE SPRINGFIELD, IL 62702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERARK, CLIFTON 2010 W ENCANTO BLVD PHOENIX, AZ 85009 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attachment for Additions</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALADEZ, MANUEL 350 W INTERSTATE HWY 30 GARLAND, TX 75043 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERILLO, BENJAMIN 10833 KING BAY DR BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, BARRY AJ 2020 W BEVERLY BLVD LOS ANGELES, CA 90057 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD LOTHRIDGE, KEVIN L 10105 119TH WAY N SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kevin L. Lothridge</i> Kevin L. Lothridge 3/13/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
40033733
N95000005046

National Forensic Science Technology Center, Inc.
FEI# 59-3348101

Attachment to 2006 Not- For- Profit Corporation Annual Report

The following are all ADDITIONS:

P

Beth Carpenter
Oregon State Police Portland Metro Lab
13309 SE 84th Avenue
Suite 200
Clackamas, OR 97015

D

Karolyn L. Tontarski
Montgomery County Crime Lab
2350 Research Boulevard
Rockville, MD 20850

D

Marie Samples
OCME
Department of Forensic Biology
520 1st Avenue
New York, NY 10016

D

Carl M. Selavka, PhD
Mass State Police Crime lab
59 Horse Pond Road
Sudbury, MA 01776

ATTACHMENT

40033733

D

Donald A. Wyckoff

Idaho State Police

Forensic Services

209 E. Lewis Rd

Pocatello, ID 83201-0029

N95000005046

D

Frank Dolejsi

MN Forensic Science Lab

1430 Maryland Avenue, E.

St. Paul, MN 55106

T

Joe Polski

Chief Operations Officer – IAI

2535 Pilot Knob Road

Suite 117

Mendota Heights, MN 55120-1120