#### 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hand on the Agent

#### Feb 25, 2008 8:00 am **Secretary of State** DOCUMENT # N95000005046 02-25-2008 90034 008 \*\*\*\*61.25 NATIONAL FORENSIC SCIENCE TECHNOLOGY CENTER, INC. Principal Place of Business Mailing Address 40030212 7881 114TH AVENUE N 7881 114TH AVENUE N LARGO, FL 33773 US LARGO, FL 33773 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3348101 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOTHRIDGE, KEVIN L EXCEUR CEC 7881 114TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33773 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.7 Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THTLE Delete TITLE NAME TO SHEPPO, MICHAEL NAME o to the digital sales STREET ADDRESS 630 E WASHINGTON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD, IL 62702 TITLE **☑** Delete TITLE Addition FISHER, BARRY AJ NAME NAME STREET ADDRESS 2020 W BEVERLY BLVD STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90057 CITY-ST-ZIP EXE C.EO TITLE ☐ Delete TITLE CEO **Z** Change Addition LOTHRIDGE, KEVIN L NAME NAME STREET ADDRESS 10105 119TH WAY N STREET ADORESS CITY-ST-ZIP SEMINOLE, FL 33722 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition CARPENTER, BETH NAME NAME STREET ADDRESS 13309 SE 84TH AVENUE SUITE 200 STREET ADORESS CITY-ST-ZIP CLACKAMAS, OR 97015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TONTARSKI, KAROLYN J NAME NAME STREET ADDRESS 2350 RESEARCH BOULEVARD STREET ADDRESS CITY-ST-ZIP ROCKVILLE, MD 20850 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition See attachment NAME SAMPLES, MARIE for additions STREET ADDRESS | 520 1ST AVENUE STREET ADDRESS NEW YORK, NY 10016 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #

## ATTACHMENT 40030519 #N95000005046

#### NATIONAL FORENSIC SCIENCE TECHNOLOGY CENTER FEI # 59-3348101

#### ATTACHMENT TO 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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