

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036740

FILED  
Mar 10, 2004  
Secretary of State

Entity Name: DIVERSIFIED PRODUCT INSPECTIONS, INC.

## Current Principal Place of Business:

3 EAST MAIN STREET  
OAK RIDGE, TN 37830

## New Principal Place of Business:

## Current Mailing Address:

3 EAST MAIN STREET  
OAK RIDGE, TN 37830

## New Mailing Address:

FEI Number: 59-3087128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCCE ( ) Delete  
Name: VAN ZYLL, JOHN  
Address: 3 EAST MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

Title: SD ( ) Delete  
Name: FURLONG, ANN M  
Address: 3 EAST MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

Title: COOD ( ) Delete  
Name: STACY, MARVIN  
Address: 3 EAST MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

Title: COOD ( ) Delete  
Name: STACY, MARVIN  
Address: 3 MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

Title: D ( ) Delete  
Name: WANKELMAN, WILLARD W  
Address: 3 MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

Title: D ( ) Delete  
Name: WALTERS, MATTHEW  
Address: 3 MAIN STREET  
City-St-Zip: OAK RIDGE, TN 37830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M. FURLONG

SD

03/10/2004

Electronic Signature of Signing Officer or Director

Date