2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003
Secretary of State

DOCUMENT# P98000036740

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: DOWELL, DAVID
Address: 3 MAIN STREET
City-St-Zip: OAK RIDGE, TN 37830

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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 07/14/2003

Electronic Signature of Signing Officer or Director Date