FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006733

1. Corporation Name
LOADTEST INTERNATIONAL INC.

Principal Place of Business
4509 NW 23 rd Avenue
Gainesville, FL 32606

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
12/24/98

4. FEI Number
Applied For
[X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

John H. Schmertmann
4509 NW 23rd Avenue, Suite 19
Gainesville, FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Jorj O. Osterberg
STREET ADDRESS 16416 East Powers Place
CITY-ST-ZIP Aurora, CO 80015
[ ] DELETE

TITLE D
NAME C.W. Aldrich
STREET ADDRESS 100 Water Street
CITY-ST-ZIP East Providence RI 02914
[ ] DELETE

TITLE D
NAME John Schmertmann
STREET ADDRESS 4509 NW 23rd Avenue, Suite 19
CITY-ST-ZIP Gainesville, FL 32606
[ ] DELETE

TITLE D
NAME David K. Crapps
STREET ADDRESS 4509 NW 23rd Avenue, Suite 19
CITY-ST-ZIP Gainesville, FL 32606
[ ] DELETE

TITLE P
NAME John A. Hayes
STREET ADDRESS 2631 NW 41st Street, Suite D-1
CITY-ST-ZIP Gainesville, FL 32606
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

500000276514 5-01
-02/08/99--01015--004
****150.00 ****150.00

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Add
NAME
STREET ADDRESS
CITY-ST-ZIP

B 2/4/99 99AR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be a true and legal electronic signature. 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 in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: John H. Schmertmann 2/2/99 352-378-2792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (11/98)