

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46086

Entity Name: THE INTERNATIONAL INSTITUTE OF FORENSIC
ENGINEERING SCIENCES, INC.**Current Principal Place of Business:**632 STETSON STREET
ORLANDO, FL 32804**Current Mailing Address:**632 STETSON STREET
ORLANDO, FL 32804 US**FEI Number:** 65-0330050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALYARD, PAUL J
632 STETSON STREET
ORLANDO, FL 32804 US*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:** PAUL J HALYARD

03/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ANDERSON, ROBERT NPE
Address	27820 SADDLE COURT
City-State-Zip:	LOS ALTOS HILLS CA 94022

Title	VP
Name	LIPTAI, LAURA LPH.D.
Address	1660 SCHOOL STREET #103
City-State-Zip:	MORAGA CA 94556

Title	VP
Name	BOHAN, THOMAS LPH.D.
Address	54 PLEASANT AVE
City-State-Zip:	PEAKS ISLAND ME 04108

Title	T
Name	GRATE, FRANK EPE
Address	2870 STIRLING ROAD, #3
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	PITLUCK, HASKEL MJD
Address	2870 STIRLING ROAD, #3
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	BROSZ, HELMUT GPE
Address	64 BULLOCK DR.
City-State-Zip:	MARKHAM ON CANADA ON L3PSP

Title	SECRETARY
Name	HALYARD, PAUL J
Address	632 STETSON STREET
City-State-Zip:	ORLANDO FL 32804

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J HALYARD**SECRETARY**

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date