

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 455281

**Entity Name:** IAP WORLD SERVICES, INC.

**Current Principal Place of Business:**

7315 N. ATLANTIC AVE  
LEGAL DEPT.  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

7315 N. ATLANTIC AVE  
LEGAL DEPT.  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-1575859

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY, VP, DIRECTOR  
Name COOPER, ROCHELLE L  
Address 7315 N. ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name JERICH, BARBARA A  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title PRESIDENT, DIRECTOR  
Name WICKHAM, SPENCE JR.  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER  
Name GONZALEZ, ANN M  
Address 7315 N. ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASSISTANT SECRETARY  
Name TREPANIER, MICHELLE  
Address 7315 N. ATLANTIC AVE  
LEGAL DEPT.  
City-State-Zip: CAPE CANAVERAL FL 32920

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

**SIGNATURE:** MICHELLE TREPANIER

**ASSISTANT SECRETARY 06/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date