2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # F06000006961 02-21-2008 90015 026 ***150.00 1. Entity Name FAIL SAFE TESTING INCORPORATED Principal Place of Business Mailing Address 1-TUPPENCE RD PO BOX 655 MANALAPAN, NJ 07726 MANALAPAN, NJ 07726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 18 KINGS MILL ROAD Suite, Apt. #, etc. CR2E034 (12/06) 02142008 Chg-P City & State City & State 4. FEI Number Applied For MOHROE 20-4898683 Not Applicable Zip ZiΩ Country \$8.75 Additional 5. Certificate of Status Desired 08831 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRINEN, RUTH Street Address (P.O. Box Number is Not Acceptable) 6700 PALERMO WAY LAKE WORTH, FL 33467 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE TITLE NIRENBERG, GEORGE NAME NAME 1-TUPPENCE RD-STREET ADDRESS STREET ADDRESS 18 KINGS MILL ROAD CITY-ST-ZIP MANALAPAN, NJ 07720-CITY-ST-ZIP MONROE TOWNSHIP N ☐ Delete TITLE Change ☐ Addition UTLE NAME NIRENBERG, JEANETTE NAME 18 KINGS MILL ROAD 1-TUPPENCE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANALAPAN, NJ 07726 CITY-ST-ZIP VI H L H WOT 08831 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 moovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 732-728-0739 GEORGE NIRENDERG

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 21, 2008 8:00 am