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: GEORGE NIRENBERG

Electronic Signature of Signing Officer/Director Detail

Entity Name: FAIL SAFE TESTING INCORPORATED

## **Current Principal Place of Business:**

**18 KINGS MILL ROAD** MONROE TOWNSHIP. NJ 08831

DOCUMENT# F0600006961

## **Current Mailing Address:**

**PO BOX 655** MANALAPAN, NJ 07726

## Name and Address of Current Registered Agent:

BRINEN, RUTH 6700 PALERMO WAY

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:

Title	CPS	Title	V
Name	NIRENBERG, GEORGE	Name	NIRENBERG, JEANETTE
Address	18 KINGS MILL ROAD	Address	18 KINGS MILL ROAD
City-State-Zip:	MONROE TOWNSHIP NJ 08831	City-State-Zip:	MONROE TOWNSHIP NJ 08831

## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

PRES.

### 01/19/2014

Date

## FILED Jan 19, 2014 Secretary of State CC1016255877

Date

Certificate of Status Desired: Yes

# FEI Number: 20-4898683

Electronic Signature of Registered Agent

LAKE WORTH, FL 33467 US

**Officer/Director Detail :**