

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005180

**Entity Name:** BODE CELLMARK FORENSICS, INC.

**Current Principal Place of Business:**

531 S SPRING STREET  
BURLINGTON, NC 27215

**Current Mailing Address:**

231 MAPLE AVENUE  
BURLINGTON, NC 27215 US

**FEI Number: 54-1750293**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           DIRECTOR, PRESIDENT, SECRETARY  
Name           EBERTS, FLOYD S III  
Address        531 S SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title           CFO  
Name           EISENBERG, GLENN A  
Address        531 S SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title           ASST. SECRETARY  
Name           VAN DER VAART, SANDRA  
Address        531 S SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title           TREASURER  
Name           PRINGLE, ROBERT S  
Address        531 S SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

*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: GLENN A EISENBERG**

**CFO**

**01/10/2017**

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

\_\_\_\_\_  
Date