AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

817913

DOCUMENT # 817913

1. Entity Name

Lockwood Greene Engineers, Inc

FILED

02 SEP 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

42001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1500 International Dr	PO Box 6280
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spartanburg, SC	City & State: Spartanburg, /sc
Zip: 29304 Country: Spartanburg	Zip: 29304 Country: Spartanburg

4. FEI Number: 13-0980060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT-Corporation-System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Secretary
NAME	Stidham, Wendell
STREET ADDRESS	908 Acorn Ridge Place
CITY - ST - ZIP	Spartanburg, SC 29301
TITLE	President
NAME	Brune, Fred M
STREET ADDRESS	441 Carleton Circle
CITY - ST - ZIP	Spartanburg, SC 29301
TITLE	Treasurer
NAME	Hinds, Robert C
STREET ADDRESS	420 Maple Croft Street
CITY - ST - ZIP	Spartanburg, SC 29303
TITLE	Vice President
NAME	Dickman, Stephen R.
STREET ADDRESS	395 Royal Ridge Way
CITY - ST - ZIP	Fayetville, GA 30215
TITLE	Vice President
NAME	McKelvy, Michael E.
STREET ADDRESS	313 Reefton Road
CITY - ST - ZIP	Matthews, NC 28104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Treasurer 8-30-02 864-578-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

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