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Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830597
 1. Corporation Name
O'BRIEN & GERE ENGINEERS, INC.

Principal Place of Business 5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221	Mailing Address 5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-0980138	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVELAND, JOHN R.	
STREET ADDRESS	150 CEDAR HEIGHTS DR.	
CITY-ST-ZIP	JAMESVILLE NY 13078	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PETER C.	
STREET ADDRESS	1512 N BEECHAM DR.	
CITY-ST-ZIP	AMBLER, PA 00000 19002	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KIRSCH, GARY N.	
STREET ADDRESS	2022 DEER RUN ROAD	
CITY-ST-ZIP	LAFAYETTE NY 13084	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN ARNAM, DAVID G	
STREET ADDRESS	4756 CORNISH HEIGHTS	
CITY-ST-ZIP	SYRACUSE NY 13215	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board and	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Loveland, John R.	Director
1.3 STREET ADDRESS	150 Cedar Heights Dr.	
1.4 CITY-ST-ZIP	Jamesville, NY 13078	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary and Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stephen A. Kuruc, Jr.	
5.3 STREET ADDRESS	4951 Harvest Lane	
5.4 CITY-ST-ZIP	Liverpool, NY 13088	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Stephen A. Kuruc, Jr., Secretary (315)437-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)