

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90125 035 ***150.00

DOCUMENT # 830597
 1. Entity Name
O'BRIEN & GERE ENGINEERS, INC.

Principal Place of Business Mailing Address
5000 BRITTONFIELD PARKWAY **5000 BRITTONFIELD PARKWAY**
PO BOX 4873 **PO BOX 4873**
SYRACUSE NY 13221 **SYRACUSE NY 13221-4873**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
16-0980138 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------|--|---|-------------------------------|--|
| TITLE | CBD | <input checked="" type="checkbox"/> Delete | TITLE | CBD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOVELAND, JOHN R | | NAME | Roland, Steven J. | |
| STREET ADDRESS | 150 CEDAR HEIGHTS DR. | | STREET ADDRESS | 10 Auryansen Court | |
| CITY-ST-ZIP | JAMESVILLE NY 13078 | | CITY-ST-ZIP | Closter, NJ 07624 | |
| TITLE | VPTD | <input type="checkbox"/> Delete | TITLE | VP T S D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, PETER C. | | NAME | Johnson, Peter C. | |
| STREET ADDRESS | 1512 N BEECHAM DR. | | STREET ADDRESS | 1512 N. Beecham Drive | |
| CITY-ST-ZIP | AMBLER, PA 00000 19002 | | CITY-ST-ZIP | Ambler, PA 19002 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRSCH, GARY N. | | NAME | | |
| STREET ADDRESS | 2022 DEER RUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE NY 13084 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VAN ARNAM, DAVID G | | NAME | | |
| STREET ADDRESS | 4756 CORNISH HEIGHTS | | STREET ADDRESS | | |
| CITY-ST-ZIP | SYRACUSE NY 13215 | | CITY-ST-ZIP | Director | |
| TITLE | SVP | <input checked="" type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KURUC, STEPHEN A JR | | NAME | Brown, Terry L. | |
| STREET ADDRESS | 4951 HARVEST LANE | | STREET ADDRESS | 7831 Karakul Lane | |
| CITY-ST-ZIP | LIVERPOOL NY 13088 | | CITY-ST-ZIP | Fayetteville, NY 13066 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | XXXXXXXXX Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | McMater, Peter W. | |
| STREET ADDRESS | | | STREET ADDRESS | 7190 Farnham Road | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Memphis, TN 38112 | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Sutphen John F. Sutphen, Asst. Sec. (315)437-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)