

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90101 042 ***150.00

DOCUMENT # 830597

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0980138	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> Delete
NAME	ROLAND, STEVEN J	
STREET ADDRESS	10 AURYANSEN COURT	
CITY-ST-ZIP	CLOSTER NJ 07624	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	JOHNSON, PETER C.	
STREET ADDRESS	1512 N BEECHAM DR	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE	VPD	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	BROWN, TERRY L	
STREET ADDRESS	7831 KARAKUL LANE	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMATER, PETER W	
STREET ADDRESS	7190 FURNHAM RD	
CITY-ST-ZIP	MEMPHIS NY 13112	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter C. Johnson	
STREET ADDRESS	1512 N Beecham Dr	
CITY-ST-ZIP	Ambler, PA 19002	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph M. McNulty	
STREET ADDRESS	7329 Lakeshore Rd	
CITY-ST-ZIP	Cicero, NY 13039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter W. McMaster	
STREET ADDRESS	7190 Furnham Rd	
CITY-ST-ZIP	Memphis, NY 13112	

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: *David G. Van Arnam* **David G. Van Arnam** **President** **(315)437-6100**

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

CR2E034 (10/00)