

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003952

FILED
Apr 18, 2007
Secretary of State

Entity Name: CHESTER ENGINEERS, INC.

Current Principal Place of Business:

260 AIRSIDE DR
MOON TOWNSHIP, PA 15108

New Principal Place of Business:

Current Mailing Address:

260 AIRSIDE DR
MOON TOWNSHIP, PA 15108

New Mailing Address:

FEI Number: 25-1570566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: AGBEDE, ROBERT
Address: 260 AIRSIDE DR
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: D () Delete
Name: BERKEY, EDGAR PH.D.
Address: 6203 LANDING LANE
City-St-Zip: MOON TOWNSHIP, PA 151082793

Title: D () Delete
Name: SPENCER, GREGORY
Address: 1020 DEVONSHIRE ROAD
City-St-Zip: PITTSBURGH, PA 15213

Title: D () Delete
Name: MILES, GEORGE
Address: 4802 FIFTH AVE
City-St-Zip: PITTSBURGH, PA 15213

Title: AST () Delete
Name: TOMINA, KATHLEEN
Address: 260 AIRSIDE DR
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: VP () Delete
Name: SCHOEDINGER, STEVEN RENE
Address: 4600 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN TOMINA

AST

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date