

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003952

FILED
Mar 05, 2010
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
Name: AGBEDE, ROBERT O
Address: 260 AIRSIDE DR
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: D
Name: BERKEY, EDGAR PH.D.
Address: 6203 LANDING LANE
City-St-Zip: MOON TOWNSHIP, PA 15108

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

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

Title: TCFO
Name: JOHNSON, TOMMY L
Address: 260 AIRSIDE DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: SVP
Name: ALKHAYRI, HASAN R P.E.
Address: 88 EAST BROAD STREET- SUITE 1980
City-St-Zip: COLUMBUS, OH 43215 US

I hereby 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 all other like empowered.

SIGNATURE: TOMMY L. JOHNSON

TCFO

03/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date