

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90145 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002678**

1. Corporation Name  
**MODJESKI AND MASTERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 2345 HARRISBURG PA 17105  
 Mailing Address: P.O. BOX 2345 HARRISBURG PA 17105

3. Date Incorporated or Qualified: **05/11/1998**  
 4. FEI Number: **23-2638914**  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees  
 8. This corporation owes the current year intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH 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: **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C CONWAY, WILLIAM B P.E.</b>	1.2 NAME	
STREET ADDRESS	<b>6226 MARQUETTE PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70118</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MARTINO, RICHARD A P.E.</b>	2.2 NAME	<b>MCMEANS, TODD B P.E.</b>
STREET ADDRESS	<b>30 SPRINGCRESS DRIVE</b>	2.3 STREET ADDRESS	<b>107 SUNRISE AVENUE</b>
CITY-ST-ZIP	<b>DELTRAN NJ 08075</b>	2.4 CITY-ST-ZIP	<b>NEW CUMBERLAND PA 17070</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P KULICKI, JOHN M DR</b>	3.2 NAME	
STREET ADDRESS	<b>1103 COPPER CREEK DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MECHANICSBURG PA 17055</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SV SORGENFREI, DONALD F P.E.</b>	4.2 NAME	
STREET ADDRESS	<b>3816 SOUTH POST OAK AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS FL 70131</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S LEROY, DAVID H P.E.</b>	5.2 NAME	
STREET ADDRESS	<b>3722 OLD TOWNSHIP ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRISBURG PA 17111</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WALDNER, H. EUGENE P.E.</b>	6.2 NAME	
STREET ADDRESS	<b>2114 PRINCETON AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMP HILL PA 17011</b>	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: H. Eugene Waldner H. EUGENE WALDNER 4/13/99 (717) 790-9565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)