

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90092 044 \*\*\*150.00

**DOCUMENT # F98000002678**

1. Entity Name

**MODJESKI AND MASTERS, INC.**

Principal Place of Business

P.O. BOX 2345  
 HARRISBURG PA 17105

Mailing Address

P.O. BOX 2345  
 HARRISBURG PA 17105-2345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-2638914**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**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 **C**  Delete  
 NAME **CONWAY, WILLIAM B P.E.**  
 STREET ADDRESS **6226 MARQUETTE PLACE**  
 CITY-ST-ZIP **NEW ORLEANS LA 70118**

TITLE **D**  Change  Addition  
 NAME **ESHENAU, SCOTT R P.E.**  
 STREET ADDRESS **118 SOUTH ARLINGTON AVENUE**  
 CITY-ST-ZIP **HARRISBURG, PA 17109**

TITLE **D**  Delete  
 NAME **MARTINO, RICHARD A P.E.**  
 STREET ADDRESS **30 SPRINGCRESS DRIVE**  
 CITY-ST-ZIP **DELTRAN NJ 08075**

TITLE **D**  Change  Addition  
 NAME **MARTIN, JR., BARNEY T DR**  
 STREET ADDRESS **26 DAVID DRIVE**  
 CITY-ST-ZIP **POUGHKEEPSIE, NY 12601**

TITLE **P**  Delete  
 NAME **KULICKI, JOHN M DR**  
 STREET ADDRESS **1103 COPPER CREEK DR.**  
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SV**  Delete  
 NAME **SORGENFREI, DONALD F P.E.**  
 STREET ADDRESS **3816 SOUTH POST OAK AVE**  
 CITY-ST-ZIP **NEW ORLEANS FL 70131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **LEROY, DAVID H P.E.**  
 STREET ADDRESS **3722 OLD TOWNSHIP ROAD**  
 CITY-ST-ZIP **HARRISBURG PA 17111**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **WALDNER, H. EUGENE P.E.**  
 STREET ADDRESS **2114 PRINCETON AVE**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: H. Eugene Waldner  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**H. Eugene Waldner** 3/13/00 (717) 790-9565

Date

Daytime Phone #

CR2E034 (9/93)