


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 019 ***150.00

DOCUMENT # F98000002678

1. Entity Name
MODJESKI AND MASTERS, INC.



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


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4909 Louise Dr. **4909 Louise Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 201 **Suite 201**

City & State City & State
Mechanicsburg, PA **Mechanicsburg, PA**

Zip Country Zip Country
17055 **U.S.A.** **17055** **U.S.A.**

40092108



03022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
23-2638914 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONWAY, WILLIAM B P.E. 6226 MARQUETTE PLACE NEW ORLEANS, LA 70118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Conway, William B. 1055 St. Charles Ave New Orleans, LA 70130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUANG, LEON K P.E. 3808 LEYLAND DRIVE MECHANICSBURG, PA 17050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Huang, Leon K 4909 Louise Dr., Ste 201 Mechanicsburg, PA 17055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KULICKI, JOHN M DR 1103 COPPER CREEK DR. MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kulicki, John M. 4909 Louise Dr., Ste 201 Mechanicsburg, PA 17055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SORGENFREI, DONALD F P.E. 3816 SOUTH POST OAK AVE NEW ORLEANS, FL 70131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Sorgenfrei, Donald F. 1055 St. Charles Ave. New Orleans, LA 70130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, BARNEY T JRDR 134 DAVID DRIVE POUGHKEEPSIE, NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Martin, Barney T 301 Manchester Rd. Poughkeepsie, NY 12603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALDNER, H. EUGENE P.E. 2114 PRINCETON AVE CAMP HILL, PA 17011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Prucz, Zolan 1055 St. Charles Ave. New Orleans, LA 70130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CFO, TREASURER 3/1/07 717-790-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MODJESKI AND MASTERS, INC.

Additional Directors/Officers

ATTACHMENT

40092108

~~FF98000002678~~

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Vice President	Todd B. McMeans	4909 Louise Dr., Suite 201	Mechanicsburg	PA	17055
Vice President	Michael F. Britt	4909 Louise Dr., Suite 201	Mechanicsburg	PA	17055
CFO/Treasurer	Jeffrey M. Egenrieder	4909 Louise Dr., Suite 201	Mechanicsburg	PA	17055
Director	Quentin P. Johnson	301 Manchester Rd.	Poughkeepsie	NY	12603