

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002678

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: MODJESKI AND MASTERS, INC.

## Current Principal Place of Business:

4904 LOUISE DR.  
SUITE 201  
MECHANICSBURG, PA 17055

## New Principal Place of Business:

## Current Mailing Address:

4904 LOUISE DR.  
SUITE 201  
MECHANICSBURG, PA 17055

## New Mailing Address:

FEI Number: 23-2638914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: MARTIN, BARNEY M P.E.  
Address: 301 MANCHESTER RD.  
City-St-Zip: POUGHKEEPSIE, NY 12603

Title: S ( ) Delete  
Name: HUANG, LEON K P.E.  
Address: 4909 LOUISE DR., STE 201  
City-St-Zip: MECHANICSBURG, PA 17055

Title: CEO ( ) Delete  
Name: KULICKI, JOHN M DR  
Address: 4909 LOUISE DR, STE 201  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP ( ) Delete  
Name: SORGENFREI, DONALD F P.E.  
Address: 1055 ST. CHARLES AVE.  
City-St-Zip: NEW ORLEANS, LA 70130

Title: CFO ( ) Delete  
Name: EGENRIEDER, JEFFREY M  
Address: 4909 LOUISE DR., STE 201  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP ( ) Delete  
Name: PRUCZ, ZOLAN  
Address: 1055 ST. CHARLES AVE.  
City-St-Zip: NEW ORLEANS, LA 70130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: JEFFREY M. EGENRIEDER

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date