## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER

## **FILED** DOCUMENT # F99000001114 Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** URS TRANSPORT, INC. 03-09-2000 90029 001 \*\*\*300.00 Mailing Address Principal Place of Business **6 AUTOMATION LANE 6 AUTOMATION LANE** ALBANY NY 12205-1658 ALBANY NY 12205 2. Principal Place of Business 3. Mailing Address M Computer Drive West Computer Drive West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-2107291 41ba<u>ny</u> Not Applicable Hbanu \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 12205 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .. Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEO 🗷 Delete ▼ Addition CR2E034 (9/9) TITLE TITLE Gerald Riordan NAME SHEEHAN, EDWARD T 108 GERMOOR Drive STREET ADDRESS STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP Engliwood, CO 80110 CITY-ST-ZIP ALBANY NY Addition Change ☐ Delete TITLE TITLE NAME ADAMS JR. ROBERT J NAME STREET ADDRESS STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP CITY-ST-ZIF <u>Albany ny</u> ☐ Change ☐ Addition ☐ Delete TITLE - ~ TITLE PASSE, ALLAN D NAME NAME **8 AUTOMATION LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALBANY NY ☐ Change ☐ Addition Delete NAME MARR, DONALD P NAME STREET ADDRESS STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP CITY-ST-ZIP ALBANY NY ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. of the corporation or the received changed, or on an attachment

ING OFFICER OR DIRECTOR

Date

Daytime Phone #