

P03000157375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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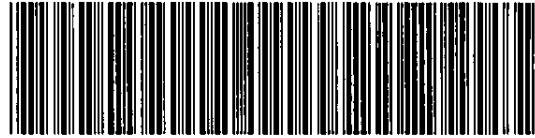
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09 MAY -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

MAY 11 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HALLIWELL ENGINEERING ASSOCIATES, INC.

DOCUMENT NUMBER: P03000157375

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Wart
Name of Contact Person

HALLIWELL ENGINEERING ASSOCIATES, INC.
Firm/ Company

865 WATERMAN AVE
Address

EAST PROVIDENCE, RI 02914
City/ State and Zip Code

RJWart@hearing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Wart at (401) 438-5020
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HALLIWELL ENGINEERING ASSOCIATES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Page 1 of 3

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>DANIEL NEEB</u>	<u>21075 NE 34th Ave #341</u> <u>Aventura, FL 33180</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Jeffrey A. Bussert</u>	<u>813 West Butler Pike</u> <u>Ambler, PA 19002</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Jeffrey L. Butten</u>	<u>331 Montclair Ave</u> <u>Glen Ellyn, IL 60137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: MAY 6, 2009

Effective date if applicable: MAY 6, 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MAY 6, 2009

Signature Robert J. Warr
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert J. Warr
(Typed or printed name of person signing)

SECRETARY / TREASURER
(Title of person signing)