

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90170 007 \*\*\*158.75

**DOCUMENT # P06383**

1. Entity Name

**MOFFATT & NICHOL, ENGINEERS, INC.**

Principal Place of Business

Mailing Address

320 GOLDEN SHORE  
 #300  
 LONG BEACH CA 90802  
 US

P O BOX 22648  
 LONG BEACH CA 90801-5648  
 US

2. Principal Place of Business

3. Mailing Address

320 Golden Shore, St. 300

320 Golden Shore, St. 300

Suite, Apt. #, etc.  
 St. 300

Suite, Apt. #, etc.  
 St. 300

City & State

Long Beach, CA 90802

City & State

Long Beach, CA 90802

4. FEI Number

95-1951343

Applied For

Not Applicable

Zip  
 90802

Country  
 U.S.A.

Zip  
 90802

Country  
 U.S.A.

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

CT CORPORATION SYSTEM  
 1200 S. 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  Delete  
 NAME **VP**  
 STREET ADDRESS **RELLAFORD, TIMOTHY J**  
 CITY-ST-ZIP **320 GOLDENSHORE, #300**  
**LONG BEACH CA 90802**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS **Robert D. Nichol**  
 CITY-ST-ZIP **320 Golden Shore, St. 300**  
**Long Beach, CA 90802**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Vice President**  
 STREET ADDRESS **Daryle Bailey**  
 CITY-ST-ZIP **320 Golden Shore, St. 300, Long Beach, CA**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Vice President**  
 STREET ADDRESS **John Lesnik**  
 CITY-ST-ZIP **320 Golden Shore, St. 300**  
**Long Beach, CA 90802**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Timothy J. Rellaford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

(562)590-6500

Daytime Phone #

CR2E034 (9/99)