

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P41072 (0)
 1. Corporation Name
CEI ENGINEERING ASSOCIATES, INC.



Principal Place of Business 110 WEST CENTRAL BENTONVILLE AR 72712	Mailing Address 110 WEST CENTRAL BENTONVILLE AR 72712
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 10/21/1992	3a. Date of Last Report 04/23/1996
4. FEI Number 71-0657673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	C-0	<input type="checkbox"/> DELETE
NAME	SHUPE, C. MICHAEL	
STREET ADDRESS	107 N. PLEASANT RIDGE DR.	
CITY-ST-ZIP	ROGERS AR	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, ROBERT E.	
STREET ADDRESS	2002 TIMBER TRAIL	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, LINDA K.	
STREET ADDRESS	721 ROCK CLIFF RD	
CITY-ST-ZIP	FAYETTEVILLE AR	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FREDEEN, L. DOUGLAS	
STREET ADDRESS	804 FOX FIRE LANE	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PLEMMONS, CAROLE M.	
STREET ADDRESS	1201 N.W. 3RD ST.	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>See attached sheet</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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

CF2E034 (4/97)

**CEI ENGINEERING ASSOCIATES, INC.
OFFICERS AND DIRECTORS
ADDITIONS**

P-D

**Jeffrey Geurian
3404 Beech Street
Rogers, AR 72756**

D

**Thomas Pace
Rt. 2, Box 96B
Bentonville, AR 72712**

D

**Richard Daniel
1411 N. Woodland
Rogers, AR 72756**

D

**John Scott
2308 SE 28th Street
Bentonville, AR 72712**

D

**William McGlasson
9075 N. Brookview Dr.
Fresno, CA 93720**

D

**Pam Willard
2415 West Dogwood
Rogers, AR 72756**

D

**John Nourzad
1395 S. Marietta Parkway
Bldg. 300, Suite 110
Marietta, GA 30067**

S

**Sue E. Huffman
1202 NE 11th
Bentonville, AR 72712**

Change:

c. Michael Shupe

C-D