

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P41072** (0)  
1. Corporation Name  
**CEI ENGINEERING ASSOCIATES, INC.**



Principal Place of Business <b>110 WEST CENTRAL BENTONVILLE AR 72712</b>	Mailing Address <b>110 WEST CENTRAL BENTONVILLE AR 72712</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1992</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>71-0657673</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHUPE, C. MICHAEL</b>	1.2 NAME	<b>D John Scott</b>
STREET ADDRESS	<b>107 N. PLEASANT RIDGE DR.</b>	1.3 STREET ADDRESS	<b>2308 SE 28th Street</b>
CITY-ST-ZIP	<b>ROGERS AR</b>	1.4 CITY-ST-ZIP	<b>Bentonville AR 72712</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEURIAN, JEFFREY</b>	2.2 NAME	<b>S Sue E Huffman</b>
STREET ADDRESS	<b>3404 BEECH ST</b>	2.3 STREET ADDRESS	<b>1202 NW 11th</b>
CITY-ST-ZIP	<b>ROGERS AR</b>	2.4 CITY-ST-ZIP	<b>Bentonville AR 72712</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIEL, RICHARD</b>	3.2 NAME	<b>D Pam Willard, ESOP Rep.</b>
STREET ADDRESS	<b>1411 N WOODLAND</b>	3.3 STREET ADDRESS	<b>2415 West Dogwood</b>
CITY-ST-ZIP	<b>ROGERS AR</b>	3.4 CITY-ST-ZIP	<b>Rogers AR 72756</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGLASSON, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>9075 N BROOKVIEW DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRESNO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOURZAD, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>4806 S MARIETTA PARKWAY BLDG 300 STE 110</b>	5.3 STREET ADDRESS	<b>110 W. CENTRAL</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>	5.4 CITY-ST-ZIP	<b>BENTONVILLE, AR 72712</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAGE, THOMAS</b>	6.2 NAME	<b>D Arthur Clanton</b>
STREET ADDRESS	<b>RT 2 BOX 988</b>	6.3 STREET ADDRESS	<b>306 St. Ives Drive</b>
CITY-ST-ZIP	<b>BENTONVILLE AR</b>	6.4 CITY-ST-ZIP	<b>Severna Park, MD 21146</b>

14. 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 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: *[Signature]* 5/21/98

CR2E034 (10/97)