FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:43

DOCUMENT # **843039** **(9)**

1. Corporation Name
TRANSPORTATION ENGINEERING SERVICES COMPANY

Principal Place of Business	Mailing Address
1044 E CHESTNUT ST LOUISVILLE KY 40204	1044 E CHESTNUT ST LOUISVILLE KY 40204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/17/1979**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25:

2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30:

4. FEI Number: **61-0950448** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, GEORGE L.	1.2 NAME		
STREET ADDRESS	4650 MAIN STREET, NE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FRIDLEY MN	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		XX Change ☐ Addition
NAME	THOMPSON, JOHN S	2.2 NAME		
STREET ADDRESS	1000 ONE MAIN STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~STAMFORD FL~~	2.4 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	WAUGHN, AUBREY W.	3.2 NAME		
STREET ADDRESS	1380 OLD FREEPORT ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	DEVYLDER, EDGAR P	4.2 NAME		
STREET ADDRESS	1000 ONE MAIN PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	GOPLEN, DAVID J.	5.2 NAME		
STREET ADDRESS	4650 MAIN STREET, NE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FRIDLEY MN	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] **BST Secretary** **1/27/95** **612-572-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470231 FP