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FILED
Feb 04 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 # 843039 (9)
1. Corporation Name
TRANSPORTATION ENGINEERING SERVICES COMPANY

Principal Place of Business
1044 E CHESTNUT ST
LOUISVILLE KY 40204

Mailing Address
1044 E CHESTNUT ST
LOUISVILLE KY 40204-1019



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2400 Nelson Miller Parkway		26 2400 Nelson Miller Parkway		04/17/1979	02/02/1996
22 Suite Apt. # etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Louisville KY		28 Louisville KY		61-0850448	Not Applicable
24 40223		29 40223		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	4850 MAIN STREET, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRIDLEY MN	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JOHN S	2.2 NAME	
STREET ADDRESS	1000 ONE MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, 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	GOPLIN, DAVID J.	5.2 NAME	
STREET ADDRESS	4850 MAIN STREET, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRIDLEY MN	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	DENNINGER, WILLIAM C	6.2 NAME	
STREET ADDRESS	333 LUDLOW STREET STAMFORD HARBOR PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	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: David J. Goplin David J. Goplin Asst Secretary 1/24/97 612-572-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)