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2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **830597** 1. Entity Name O'BRIEN & GERE ENGINEERS, INC. 03-15-2000 90125 035 ***150.00 Mailing Address Principal Place of Business 5000 BRITTONFIELD PARKWAY 5000 BRITTONFIELD PARKWAY PO BOX 4873 PO BOX 4873 822816 **SYRACUSE NY 13221-4873** SYRACUSE NY 13221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-0980138 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. â CBD XX Change Addition TITLE **CBD** Delete TITLE NAME LOVELAND, JOHN R Roland, Steven J. STREET ADDRESS STREET ADDRESS 150 CEDAR HEIGHTS DR. 10 Auryansen Court CITY-ST-ZIP CITY-ST-ZIP JAMESVILLE NY 13078 Closter, NJ 07624 XX Change Addition TITLE **VPTD** Delete TITLE Johnson, Peter C. JOHNSON, PETER C. NAME NAME STREET ADDRESS STREET ADDRESS 1512 N BEECHAM DR. 1512 N. Beecham Drive CITY-ST-78 CITY-ST-ZIP AMBLER, PA 00000 19002 <u>Ambler, PA</u> 19002 ☐ Change Addition Delete TITLE VPD TITLE NAME KIRSCH, GARY N. NAME STREET ADDRESS STREET ADDRESS 2022 DEER RUN ROAD CITY-ST-ZIP CITY-ST-ZIF LAFAYETTE NY 13084 XIX Addition Change □ De!ete TITLE TITLE VAN ARNAM, DAVID G NAME STREET ADDRESS STREET ADDRESS 4756 CORNISH HEIGHTS CITY-ST-7IE CITY-ST-ZIP Director SYRACUSE NY 13215 XX Change ☐ Addition Delete TITLE SVP TITLE Brown, Terry 7831 Karakul Lane NAME KURUC, STEPHEN A JR NAME 13066 Fayetteville, NY STREET ADDRESS STREET ADDRESS 4951 HARVEST LANE CITY-ST-ZIP CITY-ST-ZIP LIVERPOOL NY 13088 XX Addition Change TITLE ☐ Delete TITLE M&MXXXXXX Director

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Sutphen, Asst. Secr.

McMater, Peter W.

7190 Farnham Road 12

(315)437-6400

Daytime Phone #