· J.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F99000004006 02-09-2004 90019 005 ***158.75 AEC ENGINEERING, INC. ZZVVVVV¥0 Principal Place of Business Mailing Address 400 1ST AVE., STE 400 400 1ST AVE., STE 400 MINNEAPOLIS, MN 55401 MINNEAPOLIS, MN 55401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 41-1377685 Not Applicable Country Country \$8.75 Additional ±5.-Certificate of Status Desired ----6. Name and Address of Current Registered Agent 787 TA 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registared Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT PD ☐ Delete **Change** Addition JOHN P ST AVE N RUZEK, BUZEK, JOHN NAME NAME - STE 400 400 STREET ADDRESS STREET ADDRESS 5053 BELMONT AVE SOUTH CITY-ST-ZIP MINNEAPOLIS, MN CITY-ST-ZIP MINNEADOLIS CFO ☐ Change DITE **Delete** TITLE Addition SHONKA, DAVID J NAME NAME STREET ADDRESS 5628 EMERSON AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MINNEAPOLIS, MN 55419 -TITLE _ . Delgia-TORK LOVENTE ST AVE N. LORENTZ, TOM NÁME -STE 400 STREET ADDRESS STREET ADDRESS 216 WOODRIDGE DRIVE MINWEADOLIS, MN 55401 CITY-S1 ZIF CITY-ST-ZIP CANNON FALLS, MN 55009 ☐ Addition ☐ Change TITLE ☐ Delete TITLE RANDY NAME NAME - 578 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chr-ST-ZIP Tille Change Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS+ STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Change ☐ Addition OTHER, N TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY \$1-28 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 09, 2004 8:00 am

Daytime Phone #

Date

Allachment FLORIDA BOARD OF PROFESSIONAL ENGINEERS JEB BUSH, GOVERNOR DIANE CARR, SECRE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION R. Gerry Miller, Ph.D., P.E. (MECHANICAL) All applications submitted to the Florida Board of Professional Engineers must be complete 11/1/97-10/31/05 with the appropriate application fee attached in order to be processed. Robert Matthews, P.E. Your application has been sent back due to the following reasons: 11/29/99-10/31/02 Murthy V. Bondada, Ph.D., P.E. Fee was received without an application (Renewal form, P.E., E.I., F.E.I., 11/29/99-10/31/03 END, CA, CEU, SI) Application was received without proper fee. Jorge R. Duyos, P.E. 2/11/02-10/31/05 All verification requests must be sent in writing (Name, Address, Phone number, Silvia Vilato Lacasa, P.E. and for what state/states is the verification for) and fee must be include, \$25.00 each. 11/29/99-10/31/02 Request for Duplicate Certificates or P. E. license card must be in writing and Henn Rebane, P.E. include a \$25.00 each fee. 11/29/99-10/31/03 Paul Tomasino, P.E. Reactivation request must be in writing and include the following information: P. E. number, first & last name, Current mailing address & phone number, and \$150.00 2/11/02-10/31/05 Reactivation Fee. Gloria M. Velazquez, Esquire 11/29/99-10/31/02 Wrong Fee amount was received with Application/written request. Wrong corresponding mail sent to us. EXECUTIVE DIRECTOR Missing signature. Payments for application/or written request fees must be made in the form of a check, money order and/or cashiers check. Payable to: FLORIDA BOARD OF PROFFESIONAL **ENGINEERS.** We can not accept Credit Card at this time. The following information must also be included in your payment: Complete full name, address, and telephone number - including area code. (Note: this information must appear typed on all personal and business checks. Hand written information will not be accepted). 2. Starter Checks will not be accepted. To avoid unnecessary delays, please make sure that all information required in your application is completed and that the processing fee is included. All applications and additional information can be found in our web site - www.fbpe.org or please feel free to call FBPE 850-521-0500. Sincerely Sharon Lowe

CHAIR

VICE CHAIR (CIVIL)

(EDUCATOR)

(ELECTRICAL)

(ELECTRICAL)

Natalie Lowe

Assistant to the Comptroller

SL/me