

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90310 038 ***150.00

DOCUMENT # 830597

1: Entity Name

O'BRIEN & GERE ENGINEERS, INC.



Principal Place of Business

**5000 BRITTONFIELD PARKWAY
PO BOX 4873
SYRACUSE NY 13221**

Mailing Address

**5000 BRITTONFIELD PARKWAY
PO BOX 4873
SYRACUSE NY 13221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-0980138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> Delete
NAME	ROLAND, STEVEN J	
STREET ADDRESS	10 AURYANSEN COURT	
CITY-ST-ZIP	CLOSTER NJ 07624	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	JOHNSON, PETER C	
STREET ADDRESS	1512 N BEECHAM DR	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNOLTY, JOSEPH M	
STREET ADDRESS	7329 LAKESHORE ROAD	
CITY-ST-ZIP	CICERO NY 13039	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN ARNAM, DAVID G	
STREET ADDRESS	4756 CORNISH HEIGHTS	
CITY-ST-ZIP	SYRACUSE NY 13215	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, TERRY L	
STREET ADDRESS	7831 KARAKUL LANE	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REST, GEORGE B	
STREET ADDRESS	5911 33RD STREET NW	
CITY-ST-ZIP	WASHINGTON DC 20015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rest, George B.	
STREET ADDRESS	5911 33rd Street NW	
CITY-ST-ZIP	Washington DC 20015	

12. 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 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.

SIGNATURE:

Joseph M. McNulty
Joseph M. McNulty, Treasurer 4/13/04 (315)437-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #