2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P41072

Entity Name: CEI ENGINEERING ASSOCIATES, INC.

Current Principal Place of Business:

3317 SW I STREET
BENTONVILLE, AR 72712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1408
BENTONVILLE, AR 727121408

New Mailing Address:

3317 SW I STREET
BENTONVILLE, AR 72712

FEI Number: 71-0657673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHUPE, C. MICHAEL	
Address:	3317 SW I STREET	
City-St-Zip:	BENTONVILLE, AR 72712	
Title:	P	( ) Delete
Name:	GEURIAN, JEFFREY D	
Address:	3317 SW I STREET	
City-St-Zip:	BENTONVILLE, AR 72712	
Title:	D	( ) Delete
Name:	DANIEL, RICHARD	
Address:	1411 N WOODLAND	
City-St-Zip:	ROGERS, AR 72756	
Title:	D	( ) Delete
Name:	HOLMES, MIKE	
Address:	1520 WEST DOGWOOD	
City-St-Zip:	ROGERS, AR 72756	
Title:	CFO	( ) Delete
Name:	PARSON, ZELDA A	
Address:	3317 SW I STREET	
City-St-Zip:	BENTONVILLE, AR 72712	
Title:	S	( ) Delete
Name:	HUFFMAN, SUE E	
Address:	3317 SW I STREET	
City-St-Zip:	BENTONVILLE, AR 72712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZELDA A. PARSON CFO 03/25/2009

Electronic Signature of Signing Officer or Director — Date