2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830597

Entity Name: O'BRIEN & GERE ENGINEERS, INC.

Current Principal Place of Business:

333 W WASHINGTON ST SYRACUSE, NY 13202

Current Mailing Address:

PO BOX 4873 SYRACUSE, NY 13221

FEI Number: 16-0980138

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VP	Title	CEOD
Name	WHITE, BRIAN E	Name	FOX, JAMES A
Address	333 W WASHINGTON ST	Address	333 W WASHINGTON ST
City-State-Zip:	SYRACUSE NY 13202	City-State-Zip:	SYRACUSE NY 13202
Title	TD	Title	AS
Name	MCNULTY, JOSEPH M	Name	SUTPHEN, JOHN F
Address	333 W WASHINGTON ST	Address	333 W WASHINGTON ST
City-State-Zip:	SYRACUSE NY 13202	City-State-Zip:	SYRACUSE NY 13202
Title		Title	VP
ritte	SD	The	VP
Name	SD NOWLAN, THOMAS A	Name	BARRY, TIMOTHY
	NOWLAN, THOMAS A 301 E GERMANTOWN PIKE, 3RD		
Name	NOWLAN, THOMAS A	Name	BARRY, TIMOTHY
Name Address City-State-Zip:	NOWLAN, THOMAS A 301 E GERMANTOWN PIKE, 3RD FLOOR EAST NORRITON PA 19401	Name Address	BARRY, TIMOTHY 333 W WASHINGTON ST
Name Address City-State-Zip: Title	NOWLAN, THOMAS A 301 E GERMANTOWN PIKE, 3RD FLOOR EAST NORRITON PA 19401 ASST TREASURER	Name Address City-State-Zip:	BARRY, TIMOTHY 333 W WASHINGTON ST SYRACUSE NY 13202
Name Address City-State-Zip: Title Name	NOWLAN, THOMAS A 301 E GERMANTOWN PIKE, 3RD FLOOR EAST NORRITON PA 19401 ASST TREASURER ZAWADZKI, EDWARD J	Name Address City-State-Zip: Title	BARRY, TIMOTHY 333 W WASHINGTON ST SYRACUSE NY 13202 VP, DIRECTOR
Name Address City-State-Zip: Title	NOWLAN, THOMAS A 301 E GERMANTOWN PIKE, 3RD FLOOR EAST NORRITON PA 19401 ASST TREASURER	Name Address City-State-Zip: Title Name	BARRY, TIMOTHY 333 W WASHINGTON ST SYRACUSE NY 13202 VP, DIRECTOR ROGERS, JEFFREY S 333 W WASHINGTON ST

I hereby 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 all other like empowered.

SIGNATURE: JOHN F SUTPHEN

ASST SECRETARY

04/21/2018

Electronic Signature of Signing Officer/Director Detail

Date