

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191813

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: LAYNE, INC. OF FLORIDA

## Current Principal Place of Business:

9900 STIRLING ROAD  
SUITE 231  
COOPER CITY, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 292708  
DAVIE, FL 33329 US

## New Mailing Address:

FEI Number: 59-0776717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINER, JEFFREY R  
1001 NORTH FEDERAL HIGHWAY  
SUITE 303  
HALLANDALE BEACH, FL 33009 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: PD ( ) Delete  
Name: LAYNE, MICHAEL  
Address: 1001 N FEDERAL HWY 303  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: SVPD ( ) Delete  
Name: HACKINSON, KELLY  
Address: 1001 N FEDERAL HWY 303  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete  
Name: BROWN, DIANA  
Address: 1001 N FEDERAL HWY 303  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete  
Name: LUNDGREN, RICHARD N  
Address: 1001 N FEDERAL HWY 303  
City-St-Zip: HALLANDALE BEACH, FL 33009

## 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: VPD (X) Change ( ) Addition  
Name: LUNDGREN, RICHARD N  
Address: 1001 N FEDERAL HWY 303  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MICHAEL LAYNE

PD

03/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date