

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 264138

1. Corporation Name

HUTCHEON ENGINEERS, INC.

Principal Place of Business

**3001 WESTON PARKWAY
CARY NC 27513
US**

Mailing Address

**P.O. BOX 33068
RALEIGH NC 27636**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CONRAD, JOHN R
4431 EMBARCADERO DR
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1962

4. FEI Number

59-0997728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Barton J. Barham

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

4431 Embarcadero Drive

83

84 City

West Palm Beach

FL

85 Zip Code
33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barton J. Barham

Barton J. Barham

D/SVP

1-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WRIGHT ROBERT G.**
STREET ADDRESS **3001 WESTON PARKWAY**
CITY-ST-ZIP **CARY NC**

TITLE **VSTD** ☐ DELETE
NAME **WILSON MARK S.**
STREET ADDRESS **3001 WESTON PARKWAY**
CITY-ST-ZIP **CARY NC**

TITLE **D** ☐ DELETE
NAME **BAGBY JACK T. III**
STREET ADDRESS **6465 COLLEGE PARK SQUARE #200**
CITY-ST-ZIP **VIRGINIA BCH., VA**

TITLE **D** ☐ DELETE
NAME **BARTLETT, DONALD L**
STREET ADDRESS **4431 EMBARCADERO DR**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **BYRD, MICHAEL N**
STREET ADDRESS **4431 EMBARCADERO DR**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ DELETE
NAME **WILSHIRE ROY L.**
STREET ADDRESS **12660 COIT RD., SUITE 300**
CITY-ST-ZIP **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Bartlett, Donald L.**
4.3 STREET ADDRESS **12700 Park Central Drive, Suite 1800**
4.4 CITY-ST-ZIP **Dallas, TX 75251**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Wilson

Mark S. Wilson

1-28-99

919/677-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)