

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 264138**

1. Entity Name

HUTCHEON ENGINEERS, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90156 033 ***158.75

Principal Place of Business

Mailing Address

**3001 WESTON PARKWAY
CARY NC 27513
US****P.O. BOX 33068
RALEIGH NC 27636**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0997728**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BARHAM, BARTON J
4431 EMBARCADERO DR
WEST PALM BEACH FL 33407**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WRIGHT ROBERT G.**
CITY-ST-ZIP **3001 WESTON PARKWAY
CARY NC 27513**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VSTD**
STREET ADDRESS **WILSON MARK S.**
CITY-ST-ZIP **3001 WESTON PARKWAY
CARY NC 27513**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAGBY JACK T. III**
CITY-ST-ZIP **501 INDEPENDENCE PARKWAY STE 300
CHESAPEAKE VA 23320**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARTLETT, DONALD L**
CITY-ST-ZIP **12700 PARK CENTRAL DR STE 1800
WEST PALM BEACH FL 33407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BYRD, MICHAEL N**
CITY-ST-ZIP **4431 EMBARCADERO DR
WEST PALM BEACH FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3001 Weston Parkway**
CITY-ST-ZIP **Cary, NC 27513**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Barham, Barton J.**
STREET ADDRESS **4431 Embarcadero Drive**
CITY-ST-ZIP **West Palm Beach, FL 33407**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Mark S. Wilson

1/30/01 (919) 677-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)