

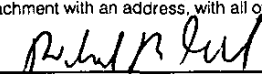


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 437291 1. Entity Name THE PBSJ CORPORATION						FILED 05 OCT 11 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2001 NW 107TH AVE MIAMI, FL 33172				Mailing Address 2001 NW 107TH AVE MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address				10062005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-1494168				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHAFFER, BECKY S 500 WEST CYPRESS STREET SUITE 200 TAMPA, FL 33607				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEARER, JOHN S 2001 N W 107 AVE MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ZUMWALT, JOHN B III 2001 NW 107TH AVE MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 000060715830 10/18/05--01051--002 **70.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P KENNER, TODD 2001 NW 107TH AVE MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFFER, BECKY S 2001 NW 107TH AVE MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DELOACH, SCOTT W 2001 NW 107TH AVE MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Grubel, Richard M. 2001 NW 107th AVE MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAULSEN, ROBERT J 2001 NW 107 AVE MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Richard M. Grubel 10/4/05 305-592-7275			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			