2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821359

Entity Name: KIMLEY-HORN AND ASSOCIATES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: 3001 WESTON PARKWAY CARY, NC 27513			New Prin	New Principal Place of Business:	
Current Mailing Address: P.O. BOX 33068 RALEIGH, NC 276363068			New Mail	New Mailing Address:	
FEI Number: 5	56-0885615	FEI Number Applied For ()	FEI Number Not App	pplicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND STREET PLANTATION, FL 333244413 US 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 Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILSON, MARK 3001 WESTON P CARY, NC 27513	ARKWAY 3 Delete S L ARKWAY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition ATZ, JOHN C 4431 EMBARCADERO DRIVE	
Title: Name: Address: City-St-Zip: Title:	COOK, RICHARD 3001 WESTON P CARY, NC 27513	ARKWAY	Title: Name: Address: City-St-Zip: Title:	SRVT (X) Change () Addition ELLIS, NICHOLAS L 3001 WESTON PARKWAY CARY, NC 27513 SRVS (X) Change () Addition	
Name: Address: City-St-Zip:	BARTLETT, DON	ALD L NTRAL DRIVE SUITE 1800	Name: Address: City-St-Zip:	COOK, RICHARD N 3001 WESTON PARKWAY	
Title: Name: Address: City-St-Zip: Title: Name:	BAGBY, JACK T 501 INDEPENDE CHESAPEAKE, V SRVD () E ATZ, JOHN C	NCE PKWY STE 300 A 23320 Delete	Title: Name: Address: City-St-Zip: Title: Name:	SRVD (X) Change () Addition BARBER, BARRY L	
Address: City-St-Zip:	4431 EMBARCAL WEST PALM BEA		Address: City-St-Zip:	3001 WESTON PARKWAY CARY, NC 27513	

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: RICHARD N. COOK SRVS 04/30/2009