

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90143 030 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                     |                                                                                                                                                                                         |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>DOCUMENT # 822745</b><br>1. Entity Name<br><b>McFARLAND-JOHNSON, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     |                                                                     |                                                                                                        |                                                                                 |
| Principal Place of Business<br><b>49 COURT ST.<br/>BINGHAMTON, NY 13901 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | Mailing Address<br><b>P.O. BOX 1980<br/>BINGHAMTON, NY 13902 US</b> |                                                                                                                                                                                         |                                                                                 |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 3. Mailing Address                                                                  |                                                                     |                                                                                                                                                                                         |                                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Suite, Apt. #, etc.                                                                 |                                                                     |                                                                                                                                                                                         |                                                                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | City & State                                                                        |                                                                     |                                                                                                                                                                                         |                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                  | Zip                                                                                 | Country                                                             |                                                                                                                                                                                         |                                                                                 |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                             |                                                                                 |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                     |                                                                     | .Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     |                                                                     |                                                                                                                                                                                         |                                                                                 |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                     | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                            |                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |                                                                                                                                                                                         |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>COUGHLIN, THOMAS S<br/>RR1 BOX 3076<br/>BRACKNEY, PA 18812</b> | <input checked="" type="checkbox"/> Delete                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <b>President<br/>Richard J. Brauer<br/>7277 Dryer Road<br/>Victor, NY 14564</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VTSD<br/>GRECO, FRANK J<br/>47 PENNA ROAD<br/>JOHNSON CITY, NY 13790</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | <input type="checkbox"/> Delete                                                     |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>                   |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP<br/>FESTA, JAMES M<br/>421 DENAL WAY<br/>VESTAL, NY 13850</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | <input type="checkbox"/> Delete                                                     |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>                   |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VD<br/>KERINS, JAMES C<br/>1985 OLD ROUTE 17<br/>WINDSOR, NY 13865</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input checked="" type="checkbox"/> Delete                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Vice President<br/>Mark B. Zydel<br/>378 Third Range Rd<br/>Pembroke, NH 03275</b>                                                 |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP<br/>PETRALIA, ROBERT M<br/>605 CRUM CREEK ROAD<br/>MEDIA, PA 19063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <input type="checkbox"/> Delete                                                     |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>                   |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;"> <input type="checkbox"/> Delete         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <input type="checkbox"/> Delete                                                     |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>                   |                                                                                 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                          |                                                                                     |                                                                     |                                                                                                                                                                                         |                                                                                 |
| <b>SIGNATURE:</b> _____ <i>VP/CFO</i> <span style="float: right;">4/29/08   (607)723-9421</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                     |                                                                     |                                                                                                                                                                                         |                                                                                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                                                     |                                                                     |                                                                                                                                                                                         |                                                                                 |



04242008   Chg-P   CR2E034 (12/06)

4. FEI Number  
**16-0770183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**McFARLAND-JOHNSON, INC.**  
**OFFICERS AND DIRECTORS**

| <u>Name</u>         | <u>Title</u>                                  | <u>Business Address</u>                                                  | <u>Home Address</u>                                             | <u>Directors (X)</u> |
|---------------------|-----------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------|
| Richard J. Brauer   | President/C.E.O.-<br>Professional Engineering | 49 Court Street, P.O. Box 1980<br>Binghamton, NY 13902<br>(607) 723-9421 | 7277 Dryer Road<br>Victor, NY 14564<br>(585) 329-2740           | X                    |
| David C. Lee        | Director                                      | 1455 Rockwell Road<br>Beaver Dams, NY 14812<br>(607) 962-8946            | 1455 Rockwell Road<br>Beaver Dams, NY 14812<br>(607) 962-8946   | X                    |
| Richard D. Holbrook | Director                                      | 123 Front Street<br>Marblehead, MA 01945-3545<br>(781) 639-6200          | 123 Front Street<br>Marblehead, MA 01945-3545<br>(781) 639-6200 | X                    |
| Salim K. Najjar     | Director                                      | 3382 Eden Park Place<br>Carmel, IN 46033<br>(317) 848-7475               | 3382 Eden Park Place<br>Carmel, IN 46033<br>(317) 848-7475      | X                    |
| Frank J. Greco      | Secretary/Treasurer/<br>Vice President/CFO    | 49 Court Street, P.O. Box 1980<br>Binghamton, NY 13902<br>(607) 723-9421 | 47 Penna Road<br>Johnson City, NY 13790<br>(607) 797-6388       |                      |
| James M. Festa      | Vice President/<br>Chief Engineer             | 49 Court Street, P.O. Box 1980<br>Binghamton, NY 13902<br>(607) 723-9421 | 421 Denal Way<br>Vestal, NY 13850<br>(607) 729-8780             |                      |
| Robert M. Petralia  | Vice President/C.E.O.-<br>Land Surveying      | 49 Court Street, P.O. Box 1980<br>Binghamton, NY 13902<br>(607) 723-9421 | 605 Crum Creek Road<br>Media, PA 19063<br>(610) 892-0266        |                      |
| Robert W. Lambert   | Regional Vice President                       | 49 Court Street, P.O. Box 1980<br>Binghamton, NY 13902<br>(607) 723-9421 | RR #1, Box 262<br>Kingsley, PA 18826<br>(570) 756-2074          |                      |
| Frederick D. Mock   | Regional Vice President                       | 53 Regional Drive<br>Concord, NH 03301-8500<br>(603) 225-2978            | P. O. Box 702<br>Concord, NH 03302-0702<br>(603) 448-0216       |                      |
| Mark B. Zydel       | Regional Vice President                       | 53 Regional Drive<br>Concord, NH 03301-8500<br>(603) 225-2978            | 378 Third Range Road<br>Pembroke, NH 03275<br>(603) 485-7066    |                      |

ATTACHMENT  
40093595  
#822745