

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840610

1. Corporation Name

VERIDIAN ENGINEERING, INC.

Principal Place of Business

4455 GENESEE ST
PO BOX 400
BUFFALO NY 14225

Mailing Address

4455 GENESEE ST
PO BOX 400
BUFFALO NY 14225

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-0586188

Applied For

Not Applicable

City & State

Zip

Zip

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 A statement of fees required
for a certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
P	WAGNER, JACK E	4455 GENESEE STREET	BUFFALO NY 14225
D	LAN LANGSTAFF, DAVID H	2001 N. BEAUREGARD ST. STE 1200	ALEXANDRIA, VA 22311
VP	WALTER, JOHN A	4455 GENESEE STREET	BUFFALO NY 14225
VP	SNARELY, KATHERINE A	800 CONNECTICUT AVENUE, NW, SUITE	WASHINGTON DC 20000
CFO	SNARELY, KATHERINE A	2001 N. BEAUREGARD ST. STE 1200	ALEXANDRIA, VA 22311
VP	JONES, RONALD L	800 CONNECTICUT AVENUE, NW, SUITE	WASHINGTON DC 20000
P+D	JACKSON, KEITH E	2001 N. BEAUREGARD ST. STE 1200	ALEXANDRIA, VA 22311
VP	RYAN, TIMOTHY	800 CONNECTICUT AVENUE, NW, SUITE	WASHINGTON DC 20000
D	ALLEN, JOSEPH P	800 CONNECTICUT AVENUE, NW, SUITE	WASHINGTON DC 20000
		2001 N. BEAUREGARD ST. STE 1200	ALEXANDRIA, VA 22311

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City PLANTATION State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

John A. Walter

Date 10/02/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(I), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John A. Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/99 716 - 631-6935

Daytime Phone #