

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843039 (9)
1. Corporation Name
TRANSPORTATION ENGINEERING SERVICES COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:43

Principal Place of Business Mailing Address
1044 E CHESTNUT ST 1044 E CHESTNUT ST
LOUISVILLE KY 40204 LOUISVILLE KY 40204

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		04/17/1979	03/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		61-0950448	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	☐	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				☒ Yes ☐ No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
		FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	KLINE, GEORGE L.	1.2 NAME	
STREET ADDRESS	4650 MAIN STREET, NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRIDLEY MN	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	THOMPSON, JOHN S	2.2 NAME	
STREET ADDRESS	1000 ONE MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD FL	2.4 CITY - ST - ZIP	Stamford, CT 06902
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WAUGHN, AUBREY W.	3.2 NAME	
STREET ADDRESS	1380 OLD FREEPORT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	DEVYLER, EDGAR P	4.2 NAME	
STREET ADDRESS	1000 ONE MAIN PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	GOPLIN, DAVID J.	5.2 NAME	
STREET ADDRESS	4650 MAIN STREET, NE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FRIDLEY MN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/27/95

612-572-1400

Date

Official Phone #