## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# C9400000008

FILED Mar 30, 2010 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF COUNTY ENGINEERS, INC.

Current Principal Place of Business: New Principal Place of Business:

25 MASSACHUSETTS AVENUE NW

SUITE 580

WASHINGTON, DC 20001

Current Mailing Address: New Mailing Address:

25 MASSACHUSETTS AVENUE NW SUITE 580 WASHINGTON, DC 20001

FEI Number: 59-1002720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEGNER, JANET 2842 NW 28TH PLACE GAINESVILLE, FL 32605 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

**OFFICERS AND DIRECTORS:** 

Title: [

 Name:
 BERNDT, KEITH D

 Address:
 1201 WEST MAIN STREET

 City-St-Zip:
 WEST FARGO, ND 58078 US

Title: D

 Name:
 BEYER, WALTER R

 Address:
 155 COUNTY SHOP ROAD

 City-St-Zip:
 WETUMPKA, AL 36092 US

Title:

 Name:
 CRAFT, MARK A

 Address:
 200 COMMERCE DRIVE

 City-St-Zip:
 ITHACA, MI 48847 US

Title: DM

Name: GIANCOLA, ANTHONY R

Address: 25 MASSACHUSETTS AVENUE N.W. City-St-Zip: WASHINGTON, DC 20001 US

Title:

Name: JON, RICE F

Address: 1500 SCRIBNER AVE. N. W. City-St-Zip: GRAND RAPIDS, MI 49504 US

Title: PD

Name: DEMERY, PHILLIP M

Address: 2300 COUNTY CENTER DRIVE City-St-Zip: SANTA ROSA, CA 95403 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY R. GIANCOLA DM 03/30/2010