


2006 FOR PROFIT CORPORATION REINSTATEMENT

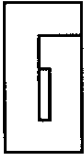
FILED

2006 OCT 16 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001258					
1. Entity Name GIPE ASSOCIATES, INC.					
Principal Place of Business 849 FAIRMOUNT AVENUE, SUITE 102 TOWSON, MD 21286				Mailing Address 849 FAIRMOUNT AVENUE, SUITE 102 TOWSON, MD 21286	
2. Principal Place of Business		3. Mailing Address P.O. Box 1147			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Easton, MD 21601			
Zip	Country	Zip	Country	4. FEI Number 52-1164876	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WEEDON, GARY N 1613 WATERBURY COURT BEL AIR, MD 21014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 Canvas Place Bel Air, MD 21015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBAN, JEFF 3600 SOUTHSIDE AVENUE PHOENIX, MD 21131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President & Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600080978476 10/16/06--01046--010 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT GIPE, ALBERT B 26048 GOOSENECK ROAD ROYAL OAK, MD 21662 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURTELL, MICHAEL J 1202 ROBIN COURT BALTIMORE, MD 21227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President & Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 544 Anchor Drive Joppa, MD 21085		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, DAVID R 2214 HORNS POINT ROAD CAMBRIDGE, MD 21613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President & Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Melanie M Dixon</u> <u>Melanie M Dixon</u>				Date: <u>10-9-06</u> 4108228688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

10/19



Gipe Associates, Inc.

CONSULTING ENGINEERS

ITEM 10 - OFFICERS AND DIRECTORS

In addition to the five currently listed officers, please add the following three (3)

Title: Vice President & Director

Name: James W. Wright

Address: 3 Leonard Court, Perry Hall, MD 21128

Title: Vice President (Only)

Name: John H. Latrobe

Address: 529 Murdock Road, Baltimore, MD 21212

Title: Asst. Vice President & Director

Name: Melanie M. Dixon

Address: P.O. Box 415, Royal Oak, MD 21662