## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F01000002876

1. Entity Name

KORDA/NEMETH ENGINEERING, INC.



Principal Place of Business

Mailing Address

1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 43215-7010

1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 43215-7010

## FILED Mar.01, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

02092006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 31-0922991 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and fille if	anninghia SIGTE Doning	Anant planet	e required when reinstating)	DATE	
	aignature, typed or printed name or registered agent and title if	Sphiresnia (NOTE Registered	Agont signatur	s redered weet secretaring)	1001E	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KORDA, PETER 1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 432157010				U00000452467 09/11/06-80027-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISENMAN, MARK 1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 432157010					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETRIC, GERALD 1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 432157010			DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOYLE, THOMAS 1650 WATERMARK DRIVE, STE. 200 COLUMBUS, OH 432157010			IN		
TITLE NAME STREET ADDRESS CUTY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 attact that my name appears with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

ATURE AND TYPED OR PRINTED HAME OF SIGNING-OFFICER OR DIRECTOR

06 614

614-487-1650

Daytime Phone #