2006 FOR PROFIT CORPORATION

Mar 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F02000001113 03-17-2006 90123 048 ***150.00 1. Entity Name FDH ENGINEERING, INC. Principal Place of Business Mailing Address 557 PYLON DRIVE, SUITE B 557 PYLON DRIVE, SUITE B RALEIGH, NC 27606 RALEIGH, NC 27606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. EEI Number 56-2220155 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President CD 💢 Change TITLE Delete TITLE ☐ Addition HOLT, J. DARRIN PHD, PE NAME NAME STREET ADDRESS 557 PYLON DRIVE, SUITE B STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27606 CITY-ST-ZIP ☐ Addition TITLE TITLE □ Delete ☐ Change FISHER, JOHN S PHD, PE NAME NAME 557 PYLON DRIVE, SUITE B STREET ADDRESS STREET ADDRESS RALEIGH, NC 27606 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE □ Delete TITLE Change Addition A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ___ Addition TITLE __ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 any address, with all/other like emplowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

FILED