


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000108 1. Entity Name LOCKWOOD GREENE ENGINEERS, INC.	
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Principal Place of Business 1500 INTERNATIONAL DR SPARTANBURG, SC 29304	Mailing Address PO BOX 6280 SPARTANBURG, SC 29304
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0100027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP BRUNE, FRED M 1500 INTERNATIONAL DR SPARTANBURG, SC 29304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STIDHAM, WENDELL B 1500 INTERNATIONAL DR SPARTANBURG, SC 29304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTEE, M. CATHERINE 9191 S JAMAICA ST ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP PRIMM, W. PETER 1500 INTERNATIONAL DR SPARTANBURG, SC 29304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DICKMAN, STEPHEN R 1500 INTERNATIONAL DR SPARTANBURG, SC 29304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ZABILANSKY, DONALD R 1500 INTERNATIONAL DR SPARTANBURG, SC 29304

U00000537196
05/09/06-80008-021 150.00

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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:  _____ DATE: _____ DAYTIME PHONE #: (804) 578-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR