


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90203 002 \*\*\*150.00

**DOCUMENT # F0400000109**

1. Entity Name  
**LOCKWOOD GREENE E&C, INC.**



Principal Place of Business      Mailing Address  
**1500 INTERNATIONAL DR**      **PO BOX 6280**  
**SPARTANBURG, SC 29304 US**      **SPARTANBURG, SC 29304 US**

**40080849**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04182006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**56-2418388**      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 DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      **D**       Delete  
 NAME      **HAMER, DOUGLAS W JR.**  
 STREET ADDRESS      **1500 INTERNATIONAL DR**  
 CITY-ST-ZIP      **SPARTANBURG, SC 29304**

TITLE      **VP**       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **SVPD**       Delete  
 NAME      **DICKMAN, STEPHEN R**  
 STREET ADDRESS      **1500 INTERNATIONAL DR**  
 CITY-ST-ZIP      **SPARTANBURG, SC 29304**

TITLE       Change       Addition  
 NAME      **303 Perimeter Center North Suite 860**  
 STREET ADDRESS      **Atlanta GA 30346**  
 CITY-ST-ZIP

TITLE      **VPD**       Delete  
 NAME      **SANTEE, M. CATHERINE**  
 STREET ADDRESS      **9191 S. JAMAICA ST**  
 CITY-ST-ZIP      **ENGLEWOOD, CO 80112**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **VP**       Delete  
 NAME      **BRUNE, FRED**  
 STREET ADDRESS      **1500 INTERNATIONAL DR**  
 CITY-ST-ZIP      **SPARTANBURG, SC 29304**

TITLE      **President; Director**       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **SVP**       Delete  
 NAME      **PRIMM, W. PETER**  
 STREET ADDRESS      **1500 INTERNATIONAL DR**  
 CITY-ST-ZIP      **SPARTANBURG, SC 29304**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **SVP**       Delete  
 NAME      **DICKMAN, STEPHEN R**  
 STREET ADDRESS      **1500 INTERNATIONAL DR**  
 CITY-ST-ZIP      **SPARTANBURG, SC 29304**

TITLE      **Treasurer**       Change       Addition  
 NAME      **Robert C. Hinds**  
 STREET ADDRESS      **1500 International Drive**  
 CITY-ST-ZIP      **Spartanburg SC 29303**

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 \_\_\_\_\_ (864)578-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #