

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000002890

FILED
Mar 18, 2009
Secretary of State**Entity Name:** EEI CONSULTING ENGINEERS, INC.**Current Principal Place of Business:**2793 OLD POST ROAD
SUITE 100
HARRISBURG, PA 171103680 US**New Principal Place of Business:****Current Mailing Address:**2793 OLD POST ROAD
SUITE 100
HARRISBURG, PA 171103680 US**New Mailing Address:****FEI Number:** 25-1589032**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EVANS, BRIAN T PE
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: V P () Delete
Name: DAYTON, JUDD W P.E.
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: V P () Delete
Name: EVANS, LISA G
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: D () Delete
Name: WYSOCKI, CLARENCE W P.E.
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: D () Delete
Name: CHUDLEY, MARK A P.E.
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: D (X) Delete
Name: PILLION, THOMAS J
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PILLION, THOMAS J
Address: 2793 OLD POST ROAD
City-St-Zip: HARRISBURG, PA 171103680 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA G. EVANS

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date