

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 26, 2009
Secretary of State**

DOCUMENT# F04000005869

Entity Name: WESTON & SAMPSON ENGINEERS, INC.

Current Principal Place of Business:

5 CENTENNIAL DRIVE
PEABODY, MA 01960

New Principal Place of Business:

Current Mailing Address:

5 CENTENNIAL DRIVE
PEABODY, MA 01960

New Mailing Address:

FEI Number: 04-2601194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VCFO () Delete
Name: TAYLOR, DEIRDRA A
Address: 12 MERRIMACK MEADOW LANE
City-St-Zip: TEWKSBURY, MA 01876

Title: VD () Delete
Name: YANUSKIEWICZ, FRANCIS W
Address: 445 BEVERLY ROAD
City-St-Zip: FRANKLIN, MA 02038

Title: VD () Delete
Name: CONNOLLY, PATRICK J
Address: 3 WADSWORTH PLACE
City-St-Zip: BEVERLY, MA 01915

Title: PD () Delete
Name: SCIPIONE, MICHAEL J
Address: 331 COMMON STREET
City-St-Zip: WALPOLE, MA 02081

Title: VD () Delete
Name: GOOBER, ROBERT A
Address: 6 MULBERRY LANE
City-St-Zip: BURLINGTON, MA 01803

Title: VP (X) Delete
Name: MITCHELL, ROBERT M III
Address: 255 WILLOUGHBY DRIVE
City-St-Zip: NAPLES, FL 34110

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:

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

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: DEIRDRA TAYLOR

VCFO

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date