

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006965

FILED
Oct 23, 2008
Secretary of State

Entity Name: THE SURVICE ENGINEERING COMPANY

Current Principal Place of Business:

4695 MILLENNIUM DRIVE
BELCAMP, MD 21017

New Principal Place of Business:

Current Mailing Address:

4695 MILLENNIUM DRIVE
BELCAMP, MD 21017

New Mailing Address:

FEI Number: 02-8268821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: BONNIE A. SCHUMAN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FOULK, JAMES B
Address: 3643 HARMONY CHURCH ROAD
City-St-Zip: HAVRE DE GRACE, MD 21078

Title: P () Delete
Name: FOULK, JEFFREY W
Address: 4058 WILKENS ROAD
City-St-Zip: HAVRE DE GRACE, MD 21078

Title: STD () Delete
Name: FOULK, NANCY W
Address: 3643 HARMONY CHURCH ROAD
City-St-Zip: HAVRE DE GRACE, MD 21078

Title: V () Delete
Name: KELLER, KRIS E
Address: 1404 ROYAL TROON COURT
City-St-Zip: BEL AIR, MD 21015

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:

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: NANCY W. FOULK

RA

10/23/2008

Electronic Signature of Signing Officer or Director

Date