2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001791

Name:

Address:

City-St-Zip:

GRANBERRY, MATTHEW

104 N LAKEPOINTE DR

LAFAYETTE, LA 70506

CIVIL AND STRUCTURAL ENGINEERS OF LOUISIANA. INC

FILED Jan 19, 2009 Secretary of State

Entity Nar	ne: CIVIL ANI	J STRUCTURAL ENGINEER	S OF LOUISIANA, INC.		
Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
STE. 2	CHANAN ST. TE, LA 70501				
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
P.O. BOX LAFAYETT	4825 FE, LA 70502				
FEI Number:	20-1814697	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTIN, FL 33331 US			1203 GOVERNO SUITE 101	BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BOULEVARD SUITE 101 TALLAHASSEE, FL 32301 US	
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: BRENNA L. MORIARTY				01/19/2009	
	npaign Financing	ic Signature of Registered Agg Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SMITH, MICHAI 310 SUNNY LA LAFAYETTE, LA	NE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () KOLWE, JR., J 114 BRIARMEA LAFAYETTE, LA	DOW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH P. KOLWE, JR. VP 01/19/2009