2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# F07000001913

Entity Name: SMRT ARCHITECTS AND ENGINEERS, INC.

Current Principal Place of Business:

144 FORE ST.
PORTLAND, ME 04101

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618
PORTLAND, ME 04104

New Mailing Address:

FEI Number: 01-0384169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, ARTHUR P
1540 BAY POINT DRIVE
SARASOTA, FL 34236 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: CD ( ) Delete
Name: STEVENS, PAUL S
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

Title: PD ( ) Delete
Name: BELKNAP, ELLEN L
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

Title: SD ( ) Delete
Name: HANSEN, JANET L
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

Title: TD ( ) Delete
Name: BENSON, SCOTT L
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

Title: D ( ) Delete
Name: CUNNINGHAM, MICHAEL A
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

Title: D ( ) Delete
Name: JUD, DENNIS V
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

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: VPD (X) Change ( ) Addition
Name: CUNNINGHAM, MICHAEL A
Address: 144 FORE ST.
City-St-Zip: PORTLAND, ME 04101

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: ELLEN BELKNAP PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date