2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003408

FILED Apr 29, 2009 Secretary of State

Entity Name: MRB GROUP, ENGINEERING, ARCHITECTURE & SURVEYING, P.C.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2480 BROWNCROFT BLVD. ROCHESTER, NY 14625 US					
Current Mailing Address:			New Maili	New Mailing Address:	
2480 BROWNCROFT BLVD. ROCHESTER, NY 14625 US					
FEI Number: 16-1242288 FEI Number Applied For () FEI Number			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US					
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 Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () GRESENS, JAM 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () LOSON, JEFFR 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () SCHOENTHAL, 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	V (X) Change () Addition SCHOENTHAL, CARL L. 2480 BROWNCROFT BLVD. ROCHESTER, NY 14625	
Title: Name: Address: City-St-Zip:	T () NICOLETTA, PA 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	TS (X) Change () Addition NICOLETTA, PATRICK A. 2480 BROWNCROFT BLVD. ROCHESTER, NY 14625	
Title: Name: Address: City-St-Zip:	V () JOHNSON, WIL 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () OBERST, JAME 2480 BROWNCI ROCHESTER, N	ROFT BLVD.	Title: Name: Address: City-St-Zip:	()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					

SIGNATURE: JAMES R. GRESENS CP 04/29/2009

above, or on an attachment with an address, with all other like empowered.