

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000122

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GEOTECHNICAL DESIGN SYSTEMS, INC.

## Current Principal Place of Business:

865 E 4800 S STE 140  
MURRAY, UT 84107

## New Principal Place of Business:

## Current Mailing Address:

865 E 4800 S STE 140  
MURRAY, UT 84107

## New Mailing Address:

FEI Number: 20-3615332

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEBERNARDI, BRET  
Address: 3284 W ATTICUS CIRCLE  
City-St-Zip: RIVERTON, UT 84065

Title: V ( ) Delete  
Name: JIMENEZRDI, LISA  
Address: 221 E RIDGE ROAD  
City-St-Zip: OREM, UT 84095

Title: ST ( ) Delete  
Name: ERICKSON, TRESA  
Address: 5493 S TROPICANA DRIVE  
City-St-Zip: TAYLORVILLE, UT 84118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEBERNARDI, BRET  
Address: 865 E 4800 S, STE 140  
City-St-Zip: MURRAY, UT 84107

Title: V (X) Change ( ) Addition  
Name: JIMENEZ, LISA  
Address: 865 E 4800 S, STE 140  
City-St-Zip: MURRAY, UT 84107

Title: ST (X) Change ( ) Addition  
Name: ERICKSON, TRESA  
Address: 865 E 4800 S, STE 140  
City-St-Zip: MURRAY, UT 84107

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: TRESA ERICKSON

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04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date