

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # F93000001751

1. Entity Name
STEINMAN CONSULTING ENGINEERS, INC.



Principal Place of Business
**110 WILLIAM STREET
NEW YORK, NY 10038**

Mailing Address
**9906 GULF FRWY
ATTN: MELENDY YARBROUGH
HOUSTON, TX 77034 US**



03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5538458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	THOMSEN, IAN R
STREET ADDRESS	100 W WALNUT ST
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	EVD
NAME	BOWER, CURTIS
STREET ADDRESS	100 WEST WALNUT STREET
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	S
NAME	COLE, SUSAN
STREET ADDRESS	100 WEST WALNUT STREET
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	PD
NAME	SHAPPELL, JAMES R
STREET ADDRESS	1133 15TH STREET
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	AS
NAME	JOHANSON, THOMAS L
STREET ADDRESS	100 W. WALNUT ST
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	V
NAME	JONES, ROBERT W
STREET ADDRESS	100 WEST WALNUT STREET
CITY-ST-ZIP	PASADENA, CA 91124

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04/13/07-80015-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas L. Johanson 4/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #