## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS F95000000978 (5) DOCUMENT #
1. Corporation Name

BESIER GIBBLE NORDEN CONSULTING ENGINEERS, INC.

Principal Place of Business Mailing Address  130 ELM STREET 130 ELM STREET										
PO BOX 802	AN AT AN AT	PO BOX 802	A.17e							
OLD SAYBROOK CT 06475 OLD SAYBROOK CT 06475				,		3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1995				
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	<u> </u>	[ ]	Applied For		
21		26						Vot Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution S5.00 May Be Added to Fees					
Zip <b>24</b>	Country 7ip 25 29		Cour	ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \( \square\) Ye \( \square\) No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered Age	ent		
				81	Name					
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD			-	82	Street Addre	idress (P.O. Box Number is Not Acceptable)				
	TION FL 33329			83					• • • • • • • • • • • • • • • • • • • •	
			-	84	City		FL '	35 Zig	o Code	
familiar wit SIGNATURE	h, and accept the obligations of Sect	ion 607.0505, Florida Statutes			t signature required	d of directors. Thereby accept the appointmental of the directors of the d	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI				
TITLE	PC	ETH 1.		1. 1 TITLE 1.2 NAME				Change	Addition	
NAME	GIBBLE, KENNETH									
STREET ADDRESS	130 ELM STREET OLD SAYBROOK CT 06475				ADDRESS					
CITY-ST-ZIP TITLE	SD DELETE			1.4 CITY-ST-ZIP 2. 1 TITLE				Change	Addition	
NAME	NORDEN, JAMES F			2.2 NAME			_	•		
STREET ADDRESS	130 ELM STREET		2.3 STI	REET	ADORESS					
CITY-ST-ZIP	OLD SAYBROOK CT 06475		2.4 CIT	Y - S	T- ZIP					
TITLE	TD	DELETE	3. 1 11					Change	Addition	
NAME	DAHLSTROM, LAURA E 130 ELM STREET		3.2 NA		ADDDECO					
STREET ADDRESS	OLD SAYBROOK CT 06475		3.3. ST 3.4 C/1		T ADDRESS					
CITY-ST-ZIP TITLE	VED ONIBIIOON OF WAYS	☐ DELETE	4.1 Ti	-	H · ZH	THE RESERVE OF THE PERSON OF T		Change	Addition	
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TITLE		_		THILE				Change	Addition	
NAME			5 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CII 6 1 TI		i - ZIP			Change	Addition	
NAME			6 2 NA				, I			
CTDEET ANNDECC					ADDRESS					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that I he information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

I Laura E. Dahlstrom4/29/96 860-388-1224 SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR