


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90103 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002048

1. Corporation Name

SCHNABEL ENGINEERING ASSOCIATES, INCORPORATED

Principal Place of Business 10215 FERNWOOD RD., #250 BETHESDA MD 20817	Mailing Address 114 N. RAILROAD AVE ASHLAND VA 23005 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

52-1644902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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10. Name and Address of New Registered Agent

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RAY E	1.2 NAME	
STREET ADDRESS	114 N. RAILROAD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASHLAND VA 23005-1517	1.4 CITY-ST-ZIP	
TITLE	TDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNABEL, JAMES J	2.2 NAME	
STREET ADDRESS	10215 FERNWOOD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MA 20817	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEPHEN, RAYMOND A	3.2 NAME	
STREET ADDRESS	1 W. CARY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	3.4 CITY-ST-ZIP	
TITLE	SVPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARGO, RICHARD	4.2 NAME	
STREET ADDRESS	882 S. MATLACK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 19382	4.4 CITY-ST-ZIP	
TITLE	EVPS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHESON, GORDON	5.2 NAME	
STREET ADDRESS	10215 FERNWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	5.4 CITY-ST-ZIP	
TITLE	SVPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DAVID B	6.2 NAME	
STREET ADDRESS	882 S. MATLACK ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 20817	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH A. ASSBURY, ASST. TREASURER

4/1/99 804-798-0081

Date

Daytime Phone #

CR2E034 (1/1/98)