

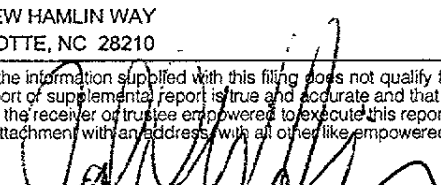


FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000005620 1. Entity Name MID-SOUTH CONSULTING ENGINEERS, INC.				Apr 27, 2006 08:00 AM Secretary of State	
Principal Place of Business 3901 ROSE LAKE DR. CHARLOTTE, NC 28217		Mailing Address 3901 ROSE LAKE DR CHARLOTTE, NC 28217 US			
DO NOT WRITE IN THIS SPACE					
				02032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 56-0714172		Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000538860 05/09/06-80077-009 150.00			
TITLE	PD				
NAME	WILLIAMS, JOEL O				
STREET ADDRESS	327 HAWKS MOOR CT				
CITY- ST- ZIP	CHARLOTTE, NC 28262				
TITLE	VD				
NAME	BERRY, SAMUEL C				
STREET ADDRESS	4412 MT. OLIVE CHURCH ROAD				
CITY- ST- ZIP	CHARLOTTE, NC 28278				
TITLE	V				
NAME	THAXTON, DENNIS E				
STREET ADDRESS	9500 MITCHELL GLEN DRIVE				
CITY- ST- ZIP	CHARLOTTE, NC 28277				
TITLE	V				
NAME	WILLIAMS, GEORGE M				
STREET ADDRESS	6416 ROUNDHILL ROAD				
CITY- ST- ZIP	CHARLOTTE, NC 28211				
TITLE	VDT				
NAME	HUNT, DAVID N				
STREET ADDRESS	9524 WHIE HEMLOCK LANE				
CITY- ST- ZIP	CHARLOTTE, NC 28270				
TITLE	S				
NAME	FOWLER, JOY P				
STREET ADDRESS	2703 NEW HAMLIN WAY				
CITY- ST- ZIP	CHARLOTTE, NC 28210				
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 of 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: 		Joel O. Williams, President 2/2/06 704/357-0004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	