

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90236 033 \*\*\*158.75

DOCUMENT # F96000001854

1. Corporation Name

RALPH C. TYLER, P.E., P.S., INC.



Principal Place of Business

1120 CHESTER AVE  
STE 200  
CLEVELAND OH 44114

Mailing Address

1120 CHESTER AVE  
STE 200  
CLEVELAND OH 44114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

34-1558292

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

RAYSON, JOHN C  
2400 EAST OAKLAND PARK BLVD  
WEST PALM BEACH FL 33306

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE	CCOO	<input checked="" type="checkbox"/> DELETE
NAME	TYLER, RALPH C	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	TYLER, RALPH S	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TYLER, MABLE S	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, EDWIN J JR	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, JOHN W	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	PARAMANANDAM, KALY	
STREET ADDRESS	1120 CHESTER AVE., STE 200	
CITY-ST-ZIP	CLEVELAND OH 44114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOBER, DOUGLAS L
1.3 STREET ADDRESS	1120 CHESTER AVENUE, STE 200
1.4 CITY-ST-ZIP	CLEVELAND, OHIO 44114
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLISON, TERENCE R
2.3 STREET ADDRESS	1120 CHESTER AVENUE STE 200
2.4 CITY-ST-ZIP	CLEVELAND OHIO 44114
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KNIGHT, RAY
3.3 STREET ADDRESS	1120 CHESTER AVENUE STE 200
3.4 CITY-ST-ZIP	CLEVELAND OHIO 44114
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHIANG, RU-FANG
4.3 STREET ADDRESS	1120 CHESTER AVENUE, STE 200
4.4 CITY-ST-ZIP	CLEVELAND OHIO 44114
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

President 3-3-99 261623-0808