

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003389

FILED
Jan 15, 2009
Secretary of State

Entity Name: CLARK, RICHARDSON AND BISKUP CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

7410 N.W. TIFFANY SPRINGS PKWY
STE 100
KANSAS CITY, MO 64153

New Principal Place of Business:

Current Mailing Address:

7410 N.W. TIFFANY SPRINGS PKWY
STE 100
KANSAS CITY, MO 64153

New Mailing Address:

FEI Number: 43-1325242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: CLARK, DOYLE E PE
Address: 7410 NW TIFFANY SPRINGS PKWY, STE 100
City-St-Zip: KANSAS CITY, MO 64153 US

Title: D () Delete
Name: LORENZ, MICHAEL F PE
Address: 7410 NW TIFFANY SPRINGS PKWY, STE 100
City-St-Zip: KANSAS CITY, MO 64153 US

Title: TD () Delete
Name: BISKUP, JEFFREY A PE
Address: 11701 BORMAN DRIVE, STE 175
City-St-Zip: ST LOUIS, MO 63146 US

Title: SECD () Delete
Name: KINCAID, VICKI L DIRECTO
Address: 7410 NW TIFFANY SPRINGS PKWY, STE 100
City-St-Zip: KANSAS CITY, MO 64513 US

Title: D () Delete
Name: ROBERT, RICE DIRECTO
Address: 11701 BORMAN DRIVE, STE 175
City-St-Zip: ST LOUIS, MO 63146 US

Title: VP () Delete
Name: REICHEL, GARY E PE
Address: 1225 CRESENT GREEN, SUITE 300
City-St-Zip: CARY, NC 27511 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI KINCAID

SECD

01/15/2009

Electronic Signature of Signing Officer or Director

Date