2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State F99000000280 DOCUMENT # 1. Entity Name PETERSON ENGINEERING OF MISSOURI, P.C. 05-01-2002 91532 021 ***150 00 Principal Place of Business Mailing Address 252 NW EXECUTIVE WAY 252 NW EXECUTIVE WAY LEE'S SUMMIT MO 64063 LEE'S SUMMIT MO 64063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 43-1508634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 🗻 🧸 6.- Name and Address of Current Registered Agent 😑 7. Name and Address of New Registered Agent Name ALBERT, DAVID Street Address (P.O. Box Number is Not Acceptable) 541 N PALMETTO, STE 102 SÁNFORD FL 32771 City Zip Code FL hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PETERSON, STEPHEN R NAME NAME 252 NW EXECUTIVE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEE'S SUMMIT MO CITY-ST-7IP TITLE ٧D ☐ Delete TITLE Change ☐ Addition NAME EDDY, STEPHEN A NAME STREET ADDRESS 5909 NIMTZ PARKWAY STREET ADDRESS CITY-ST-ZIP South Bend in CITY-ST-ZIP TITÍ F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or 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 11 or Block 12 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE:

FILED