

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004290

FILED
Feb 07, 2012
Secretary of State

Entity Name: MARTIN/MARTIN CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

12499 WEST COLFAX AVENUE
LAKEWOOD, CO 80215

New Principal Place of Business:

Current Mailing Address:

12499 WEST COLFAX AVENUE
PO BOX 151500
LAKEWOOD, CO 80215

New Mailing Address:

12499 WEST COLFAX AVENUE
LAKEWOOD, CO 80215

FEI Number: 84-1093281

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

OFFICERS AND DIRECTORS:

Title: V
Name: JANSEN, DUANE A
Address: 12499 WEST COLFAX AVENUE
City-St-Zip: LAKEWOOD, CO 80215

Title: P
Name: THOMAS, GARY A
Address: 12499 WEST COLFAX AVENUE
City-St-Zip: LAKEWOOD, CO 80215

Title: V
Name: PETERSEN, JACK E
Address: 12499 WEST COLFAX AVENUE
City-St-Zip: LAKEWOOD, CO 80215

Title: S
Name: KEYES, CHARLES D
Address: 12499 WEST COLFAX AVENUE
City-St-Zip: LAKEWOOD, CO 80215

Title: D
Name: MARTIN, JOHN A JR.
Address: 950 S. GRAND AVENUE, 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90015

Title: T
Name: WILLIS, WILLIAM P
Address: 12499 WEST COLFAX AVENUE
City-St-Zip: LAKEWOOD, CO 80215

I hereby 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 all other like empowered.

SIGNATURE: GARY THOMAS

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date