2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F9900005612 **DOCUMENT #**

1. Entity Name



FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90193 035 ***150.00

PTI CONSULTING ENGINEERS, INC.							
Principal Place of Business Mailing Address 8080 WARD PARKWAY. STE 401 8080 WARD PARK KANSAS CITY MO 64114 KANSAS CITY MO			TE 401		IA 84/5/ 3 /1/ 4 8 /10/ 1	1878 188 18 8	
2. Principal Place of Business		3. Mailing Address			/		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 43-1648980 Applied For Not Applicable		•	
Zip	Country	. Zip .	Country		\$8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registere	d Agent		
**************************************			Name	Name			
	PORATION SYSTEM		Street Address	s (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD							
:/PLANTATI	ION FL 33324 17			•			
•			City	F	Zip Code	е	
		the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I ar	m familiar with,	and accept	
the obliga	itions of registered agent.						
SIGNATURE	Signature, typed of printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating) DATE			
	FILE NOW!!! FEE IS \$150.00			-			
	er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing		May Be	
	k Payable to Florida Department of	State		Trust Fund Contribution.	LJ Added	I to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change	Addition	
NAME	LYNN, RICHARD G		NAME		-		
STREET ADDRESS	8080 WARD PKWY, STE 401		STREET ADDRESS			Ì	
CITY-ST-ZIP	KANSAS CITY MO		CITY-ST-ZIP				
TITLE	VST	☐ Delete	TITLE		Change	Addition	
NAME	ZIEGLER, REBECCA L		NAME				
STREET ADDRESS	8080 WARD PKWY, STE 401		STREET ADDRESS				
CITY-ST-ZIP	KANSAS.CITY:MO-		CITY-ST-ZIP	<u> </u>			
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
			CITY-ST-ZIP				
TITLE NAME	·	☐ Delete	TITLE NAME		Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				
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STREET ADDRESS	<u> </u>		STREET ADDRESS			1	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME		2 201010	NAME		— 		
STREET ADDRESS		,	STREET ADDRESS	·			
CITY-ST-ZIP	1		CITY-ST-7IP			· j	

12. 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 10 or Block 11 if of the corporation or the rece changed, or on an attachmen

SIGNATURE: