

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000816

FILED
Feb 19, 2008
Secretary of State

Entity Name: DES INFRASTRUCTURE & ENVIRONMENT, LLC

Current Principal Place of Business:

1900 STATE ROUTE 51
LARGE, PA 15025

New Principal Place of Business:

8936 WESTERN WAY
10
JACKSONVILLE, FL 32256

Current Mailing Address:

1900 STATE ROUTE 51
LARGE, PA 15025

New Mailing Address:

FEI Number: 26-0534742 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOANNE SNELSON, P.E.,
Address: PO BOX 10896
City-St-Zip: PITTSBURGH, PA 15235

Title: MGR () Delete
Name: PRIME SOLUTIONS VENT, URES, LLC
Address: 225 ROSSE STREET, SUITE 600
City-St-Zip: PITTSBURGH, PA 15219

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TERRY, RONALD PE
Address: 8936 WESTERN WAY, SUITE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR (X) Change () Addition
Name: PRIME SOLUTIONS VENT, URES, LLC
Address: 225 ROSS STREET, SUITE 600
City-St-Zip: PITTSBURGH, PA 15219

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD E. TERRY

MGRM

02/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date