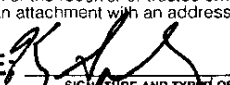


2004

ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 036 ***150.00

DOCUMENT # M05000003278					
1. Entity Name E/PRO ENGINEERING AND ENVIRONMENTAL CONSULTING LLC					
Principal Place of Business 249 WESTERN AVENUE AUGUST, ME 04330			Mailing Address 249 WESTERN AVENUE AUGUST, ME 04330		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0526475	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WESTERDAHL, HOWARD 1001 W. CYPRESS CREEK RD., STE. 306B FORT LAUDERDALE, FL 33309-1950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELLISON, RICHARD D 21 TECHNOLOGY DRIVE IRVINE, CA 92618 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETOURNEAU, ROBERT 249 WESTERN AVENUE AUGUSTA, ME 04330 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerry L. Spurling 249 Western Avenue Augusta, ME 04330 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DODD, MARTIN H 5 WATERSIDE CROSSING WINDSOR, CT 06095 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELSTON, HAROLD C JR 5 WATERSIDE CROSSING WINDSOR, CT 06095 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			Kerry L. Spurling		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/9/04 Daytime Phone # 207-621-7020		

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