

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90018 039 \*\*\*550.00

0132889 AT

**DOCUMENT # M81180**

1. Entity Name  
**GMCE, INC.**

Principal Place of Business  
**1131 BENFIELD BLVD.**  
**A**  
**MILLERSVILLE MD 21108**  
**US**

Mailing Address  
**1131 BENFIELD BLVD.**  
**A**  
**MILLERSVILLE MD 21108**  
**US**

2. Principal Place of Business  
**630 Plaza Drive**  
 Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**c/o ARCADIS G&M, Inc.**  
 Suite, Apt. #, etc.  
**630 Plaza Dr., Ste. 200**

City & State  
**Highlands Ranch, CO**  
 Zip  
**80129**  
 Country  
**U.S.A.**

City & State  
**Highlands, CO**  
 Zip  
**80129**  
 Country  
**U.S.A.**

4. FEI Number  
**59-2892291**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. This 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

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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>HOSMER, LAWRENCE J</b>	
STREET ADDRESS	<b>1131 BENFIELD BLVD, SUITE A</b>	
CITY-ST-ZIP	<b>MILLERSVILLE MD</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>REID, JAMES J</b>	
STREET ADDRESS	<b>6397 EMERALD PARKWAY STE 150</b>	
CITY-ST-ZIP	<b>DUBLIN OH 43016</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SHETTY, NANJUN</b>	
STREET ADDRESS	<b>2301 REXWOODS DR. STE 200</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** J. Lawrence Hosmer

07.18.01 (410)987-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)