


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90107 005 \*\*\*\*61.25

**DOCUMENT # N02000003428**

1. Entity Name  
**TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORTATION ENGINEERS, INC.**



Principal Place of Business  
**C/O CARTER BURGESS  
 8875 HIDDEN RIVER PARKWAY ST 300  
 TAMPA, FL 33637**

Mailing Address  
**C/O CARTER BURGESS  
 8875 HIDDEN RIVER PARKWAY ST 300  
 TAMPA, FL 33637**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**75-3060219**

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

6. Name and Address of Current Registered Agent  
**VALLEJO, JACKELINE  
 C/O ORTH-RODGERS ASSOCIATES  
 3030 NORTH ROCKEY POINT DR W STE 205  
 TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name  
**MATTHEW G. WEY**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O CARTER BURGESS  
 8875 HIDDEN RIVER PARKWAY, SUITE 300**

City  
**TAMPA** FL Zip Code  
**33637**

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 Matthew Wey DATE 01/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, JACKELINE 3030 N ROCKEY POINT DR W STE 265 TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, KEITH A 11701 N MCKINLEY DR STE C-300 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AL-KAISY, HUSHAM N PHD 601 E KENNEDY BLVD 23RD FL TAMPA, FL 33601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEY, MATTHEW G 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAST - PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROSANA CORREA                  C/O GRAY-CALHOUN ASSOCIATES, INC.                  4350 W. CYPRESS ST., SUITE 340                  TAMPA, FL 33607</b>

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 617, 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: Matthew Wey DATE 01/25/04 DAYTIME PHONE # 813-975-7241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR