


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90047 001 ****61.25

DOCUMENT # N02000003428	
1. Entity Name TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORATION 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
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40002350



2. Principal Place of Business Grimail Crawford, c/o Stacy Burgess Suite, Apt. #, etc. 5444 Bay Center Drive City & State Tampa, Florida Zip 33609	3. Mailing Address Grimail Crawford, c/o Stacy Burgess Suite, Apt. #, etc. 5444 Bay Center Drive City & State Tampa, Florida Zip 33609
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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 75-3060219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WEY, MATTHEW G C/O CARTER BURGESS 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637	
7. Name and Address of New Registered Agent Name <u>STACY V J BURGESS</u> Street Address (P.O. Box Number is Not Acceptable) <u>GRIMAIL CRAWFORD, IN</u> <u>5444 BAY CENTER DRIVE</u> City <u>Tampa</u> FL Zip Code <u>33609</u>	

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 Stacy V J Burgess DATE 1/14/05

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, JACKELINE 3030 N ROCKEY PONT DR W STE 265 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL-KAISY, HUSHAM N PHD 601 E KENNEDY BLVD 23RD FL TAMPA, FL 33601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEY, MATTHEW G 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORREA, ROSANA 7650 W. COURTNEY CAMPBELL CSWY TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	TD BURGESS, STACY YJ 5444 BAY CENTER DR TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORREA, ROSANA 4350 W. CYPRESS ST. STE 340 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROARK, DREW 1715 N WESTSHORE BLVD STE 500 TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Stacy V J Burgess DATE 1/14/05 DAYTIME PHONE # 813.387.0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR