## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003428

FILED Jan 22, 2008 Secretary of State

Entity Name: TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORATION ENGINEERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1511 N. WESTSHORE BLVD. C/O BAYSIDE ENGINEERING 110 N 11TH STREET

SUITE 1115 FIRST FLOOR TAMPA, FL 33607 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

1511 N. WESTSHORE BLVD. PO BOX 20624 SUITE 1115 PO BOX 20624 TAMPA, FL 33622

TAMPA, FL 33607

FEI Number: 75-3060219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL, ELISA E

1511 N. WESTSHORE BLVD. C/O GRIMAIL CRAWFORD 1511 N WESTSHORE BLVD

SUITE 1115 SUITE 1115

TAMPA, FL 33607 US TAMPA, FL 33607 US

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: ELISA E POWELL 01/22/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: D (X) Change ( ) Addition

Name: BURGESS, STACY Y Name: BURGESS, STACY Y

Address: 1511 N WESTSHORE BLVD., SUITE 1115 Address: C/O JACOBSCARTERBURGESS 400N ASHLEY #1550

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33602

 $\label{eq:title:title:DP} \mbox{Title:} \mbox{$V$} \mbox{() Delete} \mbox{$Title:$} \mbox{$DP$} \mbox{$(X)$ Change () Addition}$ 

Name: ROARK, DREW Name: POWELL, ELISA E

Address: 1715 N WESTSHORE BLVD STE 500 Address: C/O GRIMAILCRAWFORD 1511 N WESTSHORE #1115

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete Title: DV (X) Change ( ) Addition Name: POWELL, ELISA Name: MCGINLEY, STEPHEN

Address: 1511 N WESTSHORE BLVD., SUITE 1115 Address: C/OGRIMAILCRAWFORD 1511 N WESTSHORE #1115

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete Title: DT (X) Change ( ) Addition

Name: MCGINLEY, STEPHEN Name: RODRIGUES, OLIVER R

Address: 8406 BENJAMIN ROAD, SUITE G Address: C/O BAYSIDE ENGINEERING 110 N 11TH STREET

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33602

Name: Name: OCONNOR, PARTICK

Address: C/O KIMLEYHORN 10117 PRINCESSPALM AVE #300

City-St-Zip: City-St-Zip: TAMPA, FL 33610 83

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER R RODRIGUES DT 01/22/2008