2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003428

Jan 28, 2009 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:

C/O BAYSIDE ENGINEERING 110 N 11TH STREET FIRST FLOOR TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

PO BOX 20624 TAMPA, FL 33622

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 C/O GRIMAIL CRAWFORD 1511 N WESTSHORE BLVD **SUITE 1115** 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BURGESS, STACY Y Name: KETU, SHASHI Name:

C/O JACOBSCARTERBURGESS 400N ASHLEY #1550 Address: C/O ICON 10006 N DALE MABRY HWY, 201 Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33618

Title: DΡ () Delete Title: (X) Change () Addition

POWELL, ELISA E Name: POWELL, ELISA E Name:

Address: C/O GRIMAILCRAWFORD 1511 N WESTSHORE #1115 Address: C/O GRIMAILCRAWFORD 1511 N WESTSHORE #1115

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

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

MCGINLEY, STEPHEN MCGINLEY, STEPHEN Name: Name: C/OGRIMAILCRAWFORD 1511 N WESTSHORE #1115 C/OGRIMAILCRAWFORD 1511 N WESTSHORE #1115 Address: Address:

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

City-St-Zip:

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

RODRIGUES, OLIVER R Name: Name: RODRIGUES, OLIVER R

C/O BAYSIDE ENGINEERING 110 N 11TH STREET C/O BAYSIDE ENGINEERING 110 N 11TH STREET Address: Address:

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

Title: DS () Delete Title: () Change () Addition

OCONNOR, PARTICK Name: Name: C/O KIMLEYHORN 10117 PRINCESSPALM AVE #300 Address: Address: City-St-Zip: TAMPA, FL 33610 83 City-St-Zip:

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: SHASHI KETU DT 01/28/2009

Electronic Signature of Signing Officer or Director

Date