

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003428

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O GRIMAIL CRAWFORD 1511 N WESTSHORE BLVD  
SUITE 1115  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 20624  
TAMPA, FL 33622

**New Mailing Address:**

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

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

POWELL, ELISA E  
C/O GRIMAIL CRAWFORD 1511 N WESTSHORE BLVD  
SUITE 1115  
TAMPA, FL 33607 US

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

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:**

Title: DT  
Name: GRIMAIL, JOSEPH  
Address: /O GRIMAIL CRAWFORD 1511 N WESTSHORE #1115  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: POWELL, ELISA E  
Address: C/O GRIMAILCRAWFORD 1511 N WESTSHORE #1115  
City-St-Zip: TAMPA, FL 33607

Title: DS  
Name: SIU, KENNETH  
Address: C/O LOCHNER 13577 FEATHER SOUND #600  
City-St-Zip: CLEARWATER, FL 33762

Title: DP  
Name: RODRIGUES, OLIVER R  
Address: C/O BAYSIDE ENGINEERING 110 N 11TH STREET  
City-St-Zip: TAMPA, FL 33602

Title: DV  
Name: OCONNOR, PARTICK  
Address: C/O ALBECK GERKEN 1911 N US 301, SUITE 410  
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: ELISA POWELL

D

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date