




## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00285</b> 1. Entity Name WALKER PARKING CONSULTANTS/ENGINEERS, INC.					FILED 06 JUL 25 PM 3:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2121 HUDSON AVE KALAMAZOO, MI 49008 US		Mailing Address 2121 HUDSON AVE KALAMAZOO, MI 49008 US		 07142006 Chg-P CR2E034 (11/05)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 38-1782774				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  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BUSHMAN, JOHN K 4902 WISENHOWER BLVD, SUITE 281 TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kirtikar, Uday A 4902 Eisenhower Blvd, Suite 281 Tampa, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHEINER, DAVID C. 2121 HUDSON AVENUE KALAMAZOO, MI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600078466986 08/08/06--01030--006 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BUTCHER, THOMAS A 6602 E. 75TH STREET, SUITE 210 INDIANAPOLIS, IN 46250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TRANSUE, FRANK M 505 DAVIS RD ELGIN, IL 60123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GRAVEEL, JAMES J 505 DAVIS RD ELGIN, IL 60123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CEBRA, STEPHEN A 20 PARK PLAZA OFFICE BUILDING BOSTON, MA 02116	<input checked="" 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 exemptions contained 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 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 607, 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: 		Dave Scheiner Chief Financial Officer		Date: 7-18-06	Daytime Phone #: 269-381-6080
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					