

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00285

FILED
Mar 17, 2009
Secretary of State

Entity Name: WALKER PARKING CONSULTANTS/ENGINEERS, INC.

Current Principal Place of Business:

2121 HUDSON AVE
KALAMAZOO, MI 49008 US

New Principal Place of Business:

Current Mailing Address:

2121 HUDSON AVE
KALAMAZOO, MI 49008 US

New Mailing Address:

FEI Number: 38-1782774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BUSHMAN, JOHN K
Address: 4904 EISENHOWER BLVD, SUITE 150
City-St-Zip: TAMPA, FL 33634

Title: VTS () Delete
Name: SCHEINER, DAVID C.,
Address: 2121 HUDSON AVENUE
City-St-Zip: KALAMAZOO, MI

Title: EVP () Delete
Name: BUTCHER, THOMAS A
Address: 6602 E. 75TH STREET, SUITE 210
City-St-Zip: INDIANAPOLIS, IN 46250

Title: COB () Delete
Name: TRANSUE, FRANK M
Address: 505 DAVIS RD
City-St-Zip: ELGIN, IL 60123

Title: EVP () Delete
Name: GRAVEEL, JAMES J
Address: 505 DAVIS RD
City-St-Zip: ELGIN, IL 60123

Title: V () Delete
Name: KIRTIKAR, UDAY A
Address: 4904 EISENHOWER BLVD., SUITE 150
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. SCHEINER

Electronic Signature of Signing Officer or Director

VTS

03/17/2009

_____ Date