

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06524 (3)**
1. Corporation Name
NIELSEN/UZUN STRUCTURAL ENGINEERS, INC.

Principal Place of Business Mailing Address
3475 LENOX ROAD, NE - SUITE 065 ATLANTA GA 30326 **3475 LENOX ROAD, NE - SUITE 065 ATLANTA GA 30326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1985** 3a. Date of Last Report **07/05/1994**

4. FEI Number **58-1123133** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3475 Lenox Road, N.E.** 26 **3475 Lenox Road, N.E.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 115** 27 **Suite 115**
City & State City & State
23 **Atlanta, Georgia** 28 **Atlanta, Georgia**
24 **30326** 25 **fulton** 29 **30326** 30 **fulton**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | P | 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIELSEN, HARALD, (P.E.) | 2 NAME | |
| STREET ADDRESS | 775 CREST VALLEY DR. NW | 3 STREET ADDRESS | |
| CITY - ST - ZIP | ATLANTA GA | 4 CITY - ST - ZIP | |
| TITLE | S | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEATHERSBY, ROY | 22 NAME | |
| STREET ADDRESS | 3208 MARNE DRIVE | 23 STREET ADDRESS | |
| CITY - ST - ZIP | ATLANTA GA | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1191.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 as changed, error or in attachment with an address.

SIGNATURE:

Harald Nielsen **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

109-231-8693