

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P15538**

1. Entity Name

TRIGON ENGINEERING CONSULTANTS, INC.



Principal Place of Business

313 GALLIMORE DAIRY ROAD  
GREENSBORO, NC 27409

Mailing Address

P. O. BOX 18846  
GREENSBORO, NC 27419-8846 US



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1370993**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WELLS, RICHARD C.  
STREET ADDRESS 313 GALLIMORE DAIRY ROAD  
CITY-ST-ZIP GREENSBORO, NC

TITLE VSD  
NAME VINSON, JEFFREY R.  
STREET ADDRESS 313 GALLIMORE DAIRY ROAD  
CITY-ST-ZIP GREENSBORO, NC

TITLE TD  
NAME PISTOLE, STEPHEN P  
STREET ADDRESS 313 GALLIMORE DAIRY ROAD  
CITY-ST-ZIP GREENSBORO, NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000094400  
03/22/04-80058-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Richard C. Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Wells, P.E., President/CEO

01/26/2004

Date

336-668-0093

Daytime Phone #