

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16962

**FILED**  
**Mar 30, 2009**  
**Secretary of State****Entity Name:** MCMAHON ASSOCIATES, INC. TRANSPORTATION ENGINEERS**Current Principal Place of Business:**7741 N MILITARY TRAIL  
STE 5  
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:****Current Mailing Address:**7741 N MILITARY TRAIL  
STE 5  
PALM BEACH GARDENS, FL 33410**New Mailing Address:****FEI Number:** 23-2462387      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COKER & FEINER  
644 SE 5TH AVENUE  
FORT LAUDERDALE, FL 33301      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:** CEO      ( ) Delete  
**Name:** MCMAHON, JOSEPH W.,  
**Address:** 512 REPUBLIC COURT  
**City-St-Zip:** DEERFIELD BEACH, FL 33442**Title:** P      ( ) Delete  
**Name:** PLOURDE, RODNEY P  
**Address:** 200 FALKIRK PLACE  
**City-St-Zip:** EXTON, PA 19341**Title:** VP      ( ) Delete  
**Name:** DESANTIS, JOSEPH J  
**Address:** 180 CECELIA ACRES DRIVE  
**City-St-Zip:** IVYLAND, PA 18974**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** SECR      ( ) Change (X) Addition  
**Name:** DEPALMA, JOHN S  
**Address:** 6147 WOOD CREEK COURT  
**City-St-Zip:** JUPITER, FL 33458**Title:** TREA      ( ) Change (X) Addition  
**Name:** STEFFENS, WILLIAM T  
**Address:** 70 LEESON LANE  
**City-St-Zip:** NEWTON, MA 02159

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: RODNEY P. PLOURDE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date