P26734

	Gannett Fleming	.		
	P.O. Box 67100 Harrisburg, PA 17106-7100	<u></u>	•	
City/	State/Lip * *****	 		
	•		Office Use	Only
CORPORAT	TON NAME(S) & DOC	UMENT NUMBER(S), (if known):	
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☐ Walk in	Pick up time		Certified Copy	AM IO: 20
Mail out	☐ Will wait ☐	Photocopy	Certified Copy Certificate of Sta	*
Mail out	☐ Will wait ☐	Photocopy	Certificate of Sta	atus
Mail out NEW FILINGS. Profit	Will wait AMENDMI Amendment	Photocopy	Certificate of Sta	¥''' atus 02852038- 1/26/99011290
Mail out NEW FILINGS Profit NonProfit Limited Liability	AMENDMI Amendment Resignation of Change of Regi	Photocopy ENTS R.A., Officer/ Director istered Agent	Certificate of Sta	¥''' atus 12852038-
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	AMENDMI Amendment Resignation of Change of Regi Dissolution/Wi	Photocopy ENTS R.A., Officer/ Director istered Agent	Certificate of Sta	¥''' atus 02852038- 1/26/99011290
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Mail out NEW FILINGS. Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report	Will wait AMENDMI Amendment Resignation of 1 Change of Regi Dissolution/Wi Merger REGIST QUALIF Foreign	Photocopy ENTS R.A., Officer/ Director istered Agent ithdrawal RATION/ ICATION	Certificate of Sta	¥''' atus 02852038- 1/26/99011290
Mail out NEW FILINGS. Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report	AMENDMI Amendment Resignation of I Change of Regi Dissolution/Wi Merger REGIST QUALIF Foreign Limited Partner	Photocopy ENTS R.A., Officer/ Director istered Agent ithdrawal RATION/ ICATION	Certificate of Sta	¥''' atus 02852038- 1/26/99011290
Mail out NEW FILINGS. Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report Fictitious Name	AMENDMI Amendment Resignation of I Change of Regi Dissolution/Wi Merger REGIST QUALIF Foreign Limited Partner Reinstatement	Photocopy ENTS R.A., Officer/ Director istered Agent ithdrawal RATION/ ICATION	Certificate of Sta	¥''' atus 02852038- 1/26/99011290
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CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 3, 1999

GANNETT FLEMING P.O. BOX 67100 HARRISBURG, PA 17106-7100

SUBJECT: GANNETT FLEMING, INC.

Ref. Number: P26734



We have received your document for GANNETT FLEMING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler Document Specialist

Letter Number: 999A00023602

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:Gannett Fleming, Inc
1a.	Date of incorporation 10/30/89 Document number 25/32
2.	The name and address of the current registered agent and office:
]	MYUNG-HAK SUNG, SUITE 295, ONE PRESIDENTIAL PLAZA, 4902 EISENHOWER BL
3. 1	he name and address of the new registered agent and office: TAMPA, FL 33634 (P.O. Box Not Acceptable)
	John V. Dougherty, 7751 Belfort Parkway, Suite 150, Jacksonville, FL
	32256
Suc an c	ch change was authorized by resolution duly adopted by its board of directors or by officer so authorized by the board.
	SIGNATURE CONTROL OF THE STATE
	Robell J. DIETZ EXEC. V.P.
	DATE
PRO IN 7 AGI WIT PLE	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF DCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED ENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT E OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE (Registered Agent)
	DATE 4/19/99

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00