FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:27

DOCUMENT # P28882 (9)

1. Corporation Name
UNITED ENGINEERS, INC.

Principal Place of Business
CROSSROADS INDUSTRIAL PARK
HOLYOKE MA 01040

Mailing Address
C/O CDI CORPORATION
1717 ARCH STREET. 35TH FLOOR
PHILADELPHIA PA 19103-2768
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 07/06/1994
4. FEI Number: 04-3069878 — 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	PARENT, MARK L.	12 NAME	
STREET ADDRESS	23 ALYSSUM DRIVE	13 STREET ADDRESS	Crossroads Industrial Park
CITY ST ZIP	AMHERST MA	14 CITY ST ZIP	Holyoke, MA 01040
TITLE	VSD	21 TITLE	☑ Change ☐ Addition
NAME	SEIDERS, JOSEPH R.	22 NAME	
STREET ADDRESS	11 BUNKERHILL DRIVE	23 STREET ADDRESS	1717 Arch St, 35th FL
CITY ST ZIP	WASHINGTON CROSSING PA	24 CITY ST ZIP	Philadelphia, PA 19103
TITLE	T	31 TITLE	☑ Change ☐ Addition
NAME	MARKLEY, THOMAS R.	32 NAME	
STREET ADDRESS	501 CRESTVIEW ROAD	33 STREET ADDRESS	1717 Arch St. 35th FL
CITY ST ZIP	WAYNE PA	34 CITY ST ZIP	Philadelphia, PA 19103
TITLE	V	41 TITLE	☑ Change ☐ Addition
NAME	MEKAL, EDMUND J.	42 NAME	
STREET ADDRESS	109 CARRIAGE ROAD	43 STREET ADDRESS	Crossroads Industrial Park
CITY ST ZIP	CHICOPEE MA	44 CITY ST ZIP	Holyoke, MA 01040
TITLE	V	51 TITLE	☑ Change ☐ Addition
NAME	COURNIOTES, GREGORY H.	52 NAME	
STREET ADDRESS	CARRIAGE HOUSE LANE	53 STREET ADDRESS	Crossroads Industrial Park
CITY ST ZIP	MONSON MA	54 CITY ST ZIP	Holyoke, MA 01040
TITLE	V	61 TITLE	☑ Change ☐ Addition
NAME	GREENE, GARY A.	62 NAME	
STREET ADDRESS	268 ADAMS ROAD	63 STREET ADDRESS	Crossroads Industrial Park
CITY ST ZIP	GREENFIELD MA	64 CITY ST ZIP	Holyoke, MA 01040

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Thomas R. Markley TREASURER 1-12-95 (215) 567-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000141 CP