

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28882** (9)

1. Corporation Name

UNITED ENGINEERS, INC.



Principal Place of Business

Mailing Address

**CROSSROADS INDUSTRIAL PARK
HOLYOKE MA 01040**

**C/O CDI CORPORATION
1717 ARCH STREET, 35TH FLOOR
PHILADELPHIA PA 19103-2768
US**

3. Date Incorporated or Qualified

04/09/1990

3a. Date of Last Report

01/18/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

Signature, typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARENT, MARK L.	
STREET ADDRESS	CROSSROADS INDUSTRIAL PARK	
CITY - ST - ZIP	HOLYOKE MA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SEIDERS, JOSEPH R.	
STREET ADDRESS	1717 ARCH ST. 35TH FL	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARKLEY, THOMAS R.	
STREET ADDRESS	1717 ARCH ST. 35TH FL	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEKAL, EDMUND J.	
STREET ADDRESS	CROSSROADS INDUSTRIAL PARK	
CITY - ST - ZIP	HOLYOKE MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COURNIOTES, GREGORY H.	
STREET ADDRESS	CROSSROADS INDUSTRIAL PARK	
CITY - ST - ZIP	HOLYOKE MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENE, GARY A.	
STREET ADDRESS	CROSSROADS INDUSTRIAL PARK	
CITY - ST - ZIP	HOLYOKE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	150 LOWER Westfield Road
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	150 LOWER Westfield Road
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	150 LOWER Westfield Road
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	150 LOWER Westfield Road
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Markley 1-23-96 615-569-2200

Date

Daytime Phone #

CR2E034 (12/95)