


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

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|---|--|--|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P29317 (5) 1. Corporation Name CHESTER ENGINEERS, INC. | | | | | |
| Principal Place of Business % CHERRINGTON CORPORATE CENTER 600 CLUBHOUSE DR. CORAOPOLIS PA 15108 US | | | Mailing Address % CHERRINGTON CORPORATE CENTER 600 CLUBHOUSE DR. CORAOPOLIS PA 15108-3185 US | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 05/14/1990 4. FEI Number 25-1200213 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARSHALL, DAVID D. | 1.2 NAME | | | |
| STREET ADDRESS | 1825 RED COACH RD. | 1.3 STREET ADDRESS | | | |
| CITY- ST- ZIP | ALLISON PARK PA | 1.4 CITY- ST- ZIP | | | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LISANTI, ANTHONY F. | 2.2 NAME | Lisanti, Anthony F. | | |
| STREET ADDRESS | 219 OAKHAVEN DRIVE | 2.3 STREET ADDRESS | 315 Maple Lane | | |
| CITY- ST- ZIP | CORAOPOLIS PA | 2.4 CITY- ST- ZIP | Sewickley, PA 15143 | | |
| TITLE | VTS <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FLYNN, JAMES M. | 3.2 NAME | | | |
| STREET ADDRESS | 63 SHFVISAN AVENUE | 3.3 STREET ADDRESS | 63 Sheridan Avenue | | |
| CITY- ST- ZIP | PITTSBURGH PA | 3.4 CITY- ST- ZIP | Bellevue, PA 15202 | | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BERG, DANIEL | 4.2 NAME | | | |
| STREET ADDRESS | 12 THE CROSSWAY | 4.3 STREET ADDRESS | | | |
| CITY- ST- ZIP | TROY NY | 4.4 CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | 5.2 NAME | P | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Lucey, John T., Jr. | | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | 212 St. Leonard's Lane | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | | | |



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James M. Flynn

2/13/97 (412) 269-5700

Date Daytime Phone #

CR2E034 (9/96)