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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31647 (1)

1. Corporation Name
TUDOR ENGINEERING COMPANY

Principal Place of Business

% HOWLAND
1800 HARRISON ST.
OAKLAND CA 94612
US

Mailing Address

% HOWLAND
1800 HARRISON ST.
OAKLAND CA 94612-3429
US



2. Principal Place of Business

21 c/o Howland
Suite, Apt. #, etc.
22 9300 Lee Highway
City & State
23 Fairfax VA
Zip
24 22031 Country
25 USA

2a. Mailing Address

26 c/o Howland
Suite, Apt. #, etc.
27 9300 Lee Highway
City & State
28 Fairfax, VA
Zip
29 22031 Country
30 USA

3. Date Incorporated or Qualified
10/29/1990

3a. Date of Last Report
03/05/1996

4. FEI Number
94-3107741

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JANOPOL, ROBERT N.	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	SVAS	<input type="checkbox"/> DELETE
NAME	MANSFIELD, DOUGLAS	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BONITZ, RICHARD E	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOWLAND, CATHERINE N	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA 94612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine N. Howland CATHERINE N. HOWLAND 1/24/97 934-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)