


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33646**  
 1. Entity Name  
**MACTEC ENGINEERING AND CONSULTING, INC.**



Principal Place of Business      Mailing Address  
**1105 SANCTUARY PKWY #300**  
**ALPHARETTA, GA 30004**      **1105 SANCTUARY PKWY #300**  
**ALPHARETTA, GA 30004**



04122006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0146861**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COLES, BRUCE C
STREET ADDRESS	1105 SANCTUARY PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	DEV
NAME	FOOSHEE, ROBERT B
STREET ADDRESS	1105 SANCTUARY PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	EV
NAME	LEDBETTER, J. LEONARD
STREET ADDRESS	3200 TOWN POINT DR NW SUITE 100
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	SVP
NAME	DYKINS, STUART E
STREET ADDRESS	1105 SANCTUARY PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	SVP
NAME	CABAN, BRUCE P
STREET ADDRESS	1105 SANCTUARY PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	SVP
NAME	FRASER, JOHN C II
STREET ADDRESS	1105 SANCTUARY PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004

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 05/16/06-80026-026 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kendall H. Sherrill      Kendall H. Sherrill      Vice President    4-26-06    770-360-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #