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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33919 (2)

1. Corporation Name

DUKE ENGINEERING & SERVICES, INC.



Principal Place of Business

Mailing Address

230 SOUTH TRYON ST
CHARLOTTE NC 28202
US

P O BOX 1004
CHARLOTTE NC 28201-1004
US

2. Principal Place of Business

2a. Mailing Address

21 400 South Tryon Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Charlotte, NC

28

Zip

28202

Country

24

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS NORRIS, J.F., JR.
CITY-ST-ZIP 400 S. TRYON ST.
CHARLOTTE NC

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

400 S TRYON ST

28201

TITLE ☐ DELETE

NAME S
STREET ADDRESS BOWMAN, W.J., JR.
CITY-ST-ZIP 400 S. Tryon St.
CHARLOTTE NC

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

400 S TRYON ST

28201

TITLE ☐ DELETE

NAME T
STREET ADDRESS JOYNER, R.A.
CITY-ST-ZIP 400 S. TRYON ST.
CHARLOTTE NC

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

400 S TRYON ST

28201

TITLE ☐ DELETE

NAME CD
STREET ADDRESS COLEY, W. A.
CITY-ST-ZIP 422 S. CHURCH ST.
CHARLOTTE NC

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

400 S TRYON ST

TITLE ☐ DELETE

NAME VD
STREET ADDRESS HENRY, W. O.
CITY-ST-ZIP 400 S. TRYON ST.
CHARLOTTE NC

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

400 S TRYON ST

28201

TITLE ☐ DELETE

NAME VD
STREET ADDRESS HART, J. M.
CITY-ST-ZIP 400 S. TRYON ST.
CHARLOTTE NC

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400 S TRYON ST

28201

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)(f), 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

Date

Daytime Phone #

CR2E034 (12/95)