

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P33919**

1. Entity Name

**DUKE ENGINEERING & SERVICES, INC.****FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90073 009 \*\*\*150.00

Principal Place of Business <b>SOUTH TRYON STREET HOUSTON TX 28285</b>	Mailing Address <b>400 S TRYON ST SUITE 2100 CHARLOTTE NC 28285-0100 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>Attn: Ed Marsh 422 S Church St.</b>  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State  Zip	Country  Country	City & State <b>Charlotte, NC</b>  Zip <b>28202</b>	Country <b>USA</b>	4. FEI Number <b>56-6027038</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																				
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13. I 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **William J. Bowman, Jr.** 4/5/2000 704/382/3566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)