FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **P34149** (5)

1. Corporation Name
POWER ENGINEERS, CONSULTING, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1066 HAILEY ID 83333	POST OFFICE BOX 1066 HAILEY ID 83333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1991
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 3940 Glenbrook Drive
22 Suite, Apt. #, etc.
23 City & State: Hailey, ID 83333
24 Zip: 83333 25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 1066
27 Suite, Apt. #, etc.
28 City & State: Hailey, ID
29 Zip: 83333 30 Country: U.S.A.

4. FEI Number: 82-0324246 ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	S ☒ Change ☐ Addition
NAME	VAN DER MEULEN, PETER D.	12 NAME	Suzanne Walsh
STREET ADDRESS	BOX 537, 921 Queen of the Hills Dr.,	13 STREET ADDRESS	BOX 4311, 404 W. Bullion St., Hailey, ID
CITY-ST-ZIP	HAILEY ID Hailey	14 CITY-ST-ZIP	KETCHUM, ID 83340 83333
TITLE	DV	21 TITLE	DT ☐ Change ☒ Addition
NAME	POLLOCK, RANDALL L.	22 NAME	Jan James
STREET ADDRESS	BOX 1648, 162 River Terrace, Hailey	23 STREET ADDRESS	BOX 223, 1040 Silver Star Dr., Hailey
CITY-ST-ZIP	HAILEY ID	24 CITY-ST-ZIP	HAILEY, ID 83333
TITLE	~~DV~~	31 TITLE	Assist. S ☐ Change ☒ Addition
NAME	~~LIFFICK, G. LONN~~	32 NAME	Leigh Anne Gallagher
STREET ADDRESS	~~BOX 1719~~	33 STREET ADDRESS	BOX 2120, 18 W. Chestnut St., Hailey
CITY-ST-ZIP	~~HAILEY ID~~	34 CITY-ST-ZIP	HAILEY, ID 83333
TITLE	~~DST~~	41 TITLE	DV ☒ Change ☐ Addition
NAME	~~HENRIKSEN, LARRY L.~~	42 NAME	John Henning
STREET ADDRESS	~~BOX 2199~~	43 STREET ADDRESS	BOX 2395, 702 3rd Ave., N., Hailey
CITY-ST-ZIP	~~HAILEY ID~~	44 CITY-ST-ZIP	~~HAILEY, ID 83333~~
TITLE	DV	51 TITLE	DV ☐ Change ☒ Addition
NAME	CAVANAUGH, JOHN	52 NAME	Larry Bergmann
STREET ADDRESS	BOX 1325, 620 E. Poplar St., Hailey	53 STREET ADDRESS	2985 EAST 650 NORTH
CITY-ST-ZIP	HAILEY ID	54 CITY-ST-ZIP	~~ROBERTS, ID 83444~~
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	HALVERSON, FRANK	62 NAME	
STREET ADDRESS	BOX 944, 316 E. Elm St., Hailey	63 STREET ADDRESS	
CITY-ST-ZIP	HAILEY ID	64 CITY-ST-ZIP	

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)(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: F. A. Gallagher (Leigh Anne Gallagher) 4/10/95 2087883456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491187 FN