

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35656** (8)
1. Corporation Name
O'BRIEN & GERE TECHNICAL SERVICES, INC.

Principal Place of Business
**5000 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057**

Mailing Address
**5000 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1991	
4. FEI Number 22-2387569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
22. City & State	23. Zip	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, CORNELIUS B, DR	1.2 NAME	
STREET ADDRESS	4454 KASSON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TERRY L	2.2 NAME	
STREET ADDRESS	7831 KARAKUL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PETER C.	3.2 NAME	
STREET ADDRESS	1512 N. BEECHAM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMBLER PA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M McNULTY, JOSEPH M	4.2 NAME	
STREET ADDRESS	7329 LAKESHORE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CICERO NY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURUC, STEPHEN A., JR.	5.2 NAME	
STREET ADDRESS	4951 HARVEST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, JOHN R	6.2 NAME	
STREET ADDRESS	150 CEDAR HEIGHTS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAMESVILLE NY	6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address.

SIGNATURE:

Terry L. Brown, P.E. President 3/16/98 315-437-6400

CR2E034 (10/97)