

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90073 022 ***150.00

DOCUMENT # P35656

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

09/25/91

4. FEI Number

22-2387569

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman of the Board ☐ Change ☐ Addition
1.2 NAME Terry L. Brown
1.3 STREET ADDRESS 7831 Karakul Lane
1.4 CITY-ST-ZIP Fayetteville, NY 13066

2.1 TITLE President ☐ Change ☐ Addition
2.2 NAME James A. Fox
2.3 STREET ADDRESS 3803 Gray Ledge Terrace
2.4 CITY-ST-ZIP Syracuse, NY 13215

3.1 TITLE Vice President ☐ Change ☐ Addition
3.2 NAME Timothy J. Barry
3.3 STREET ADDRESS 2003 Compoalto Drive
3.4 CITY-ST-ZIP Camillus, NY 13031

4.1 TITLE Treasurer ☐ Change ☐ Addition
4.2 NAME Peter C. Johnson
4.3 STREET ADDRESS 1512 North Beechum Drive
4.4 CITY-ST-ZIP Ambler, PA 19002

5.1 TITLE Secretary ☐ Change ☐ Addition
5.2 NAME Stèphèn AsKufuc, Jr.
5.3 STREET ADDRESS 4951 Harvest Lane
5.4 CITY-ST-ZIP Liverpool, NY 13088

6.1 TITLE Assistant Secretary ☐ Change ☐ Addition
6.2 NAME John F. Sutphen
6.3 STREET ADDRESS 612 Bradford Parkway
6.4 CITY-ST-ZIP Syracuse, NY 13224

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Sutphen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Sutphen, Asst. Secretary

Date

Daytime Phone #

(315)437-

6400

CR2E034 (1/98)