FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P93000009903 1. Entity Name 05-18-2001 91560 038 ***150 00 GEOTECHNICAL PROFESSIONAL ASSOCIATES, INC. Mailing Address Principal Place of Business 6816 HANGING MOSS RD. 6816 HANGING MOSS RD. \mathbf{v} \mathbf{i} \mathbf{v} \mathbf{v} \mathbf{v} ORLANDO PL 32807 ORLANDO FL 32807 3. Mailing Address 2. Principal Place of Business 5780 HUFFILL AVENUE 5780 HOFFNER AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 403 SUITE City & State 4. FEI Number Applied For City & State 59-3161172 FLORIDA DG MAL Not Applicable \$8.75 Additional USA. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GISCLAR, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 6816 HANGING MOSS RD. ORLANDO FL 32807 Zip Code City s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abo SIGNATURE NOTE: Registered Agent signature required when reinstating) ent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE GISCLAR, SHELLY B NAME NAME STREET ADDRESS STREET ADDRESS 710 GENTRY CT. CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL Change ☐ Addition Delete TITLE TITLE CHRISTOPHER P. MEYER NAME GISCLAR, MARK D NAME 1920 HAMILTON LANE STREET ADDRESS STREET ADDRESS 710 GENTRY CT. CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition Charine TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplymental 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 of

SIGNATURE: SHELLEY B. GISCUAR 41370 407-671-

dress, with all other like empowered

changed, or on an attachment