2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003
Secretary of State

DOCUMENT# P98000100296

Entity Name: HASKELL ARCHITECTS AND ENGINEERS, P.A.

Current Principal Place of Business:

C/O 50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

New Principal Place of Business:

111 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

Current Mailing Address:

C/O 50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

New Mailing Address:

111 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

FEI Number: 59-3545494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA ST. 3300 BARNETT CENTER
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ENGDAHL, DAVID L
Address: POST OFFICE BOX 44100 N/A
City-St-Zip: JACKSONVILLE, FL 322314100

Title: DVP ( ) Delete
Name: VARON, JOSEPH
Address: POST OFFICE BOX 44100 N/A
City-St-Zip: JACKSONVILLE, FL 322314100

Title: S ( ) Delete
Name: WALKER KUHN, CHRISTIAN
Address: POST OFFICE BOX 44100 N/A
City-St-Zip: JACKSONVILLE, FL 322314100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ENGDAHL, DAVID L
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVP (X) Change ( ) Addition
Name: VARON, JOSEPH
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Change ( ) Addition
Name: KUHN, CHRISTIAN W
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. ENGDAHL PD 04/15/2003

Electronic Signature of Signing Officer or Director — Date