2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State **DOCUMENT # \$19893** 1. Entity Name ASSOCIATES GROUP SERVICES, THE KIMLEY HORN-GROUP, INCK 03-07-2000 90073 041 ***158.75 INC.

Principal Place of Business		Mailing Address				
3001 WESTON PARKWAY CARY NC 27513		PO BOX 33068 RALEIGH NC 27636-3068		6 2	622310	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 56-1724356	56-1724356 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Nama	7. Name and Address of New Registered Agent Name		
			B	Barton J. Barham		
	rad, John R Embarcadero Dr		Street Add 44	reet Address (P.O. Box Number is Not Acceptable) 4431 Embarcadero Drive		
WES	T PALM BEACH FL 33407	West		st Palm Beach, FL 33407		
			City We	st Palm Beach	FL Zip Code 33407	
8. 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 Barkon J. Barham DSVP February 25, 2000 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D			00 Fee will be \$550	0.00 Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICK, C.E., JR. 3001 WESTON PARKWAY CARY NC	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27513	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, ROBERT G. 3001 WESTON PARKWAY CARY NC	☐ De ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27513	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, DONALD L	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Byrd, Michael N 4431 Embarcadero Dr West Palm Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33407	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILSON, MARK S. 3001 WESTON PKWY CARY NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	

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 supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 25, 2000 (919)677~2000 Mark S. Wilson Date

Daytime Phone #