

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005298

Entity Name: WBRC ARCHITECTS ENGINEERS, INC.**Current Principal Place of Business:**44 CENTRAL STREET
BANGOR, ME 04401**Current Mailing Address:**44 CENTRAL STREET
BANGOR, ME 04401**FEI Number:** 01-0381987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITNEY, DOUGLAS
8130 LAKEWOOD MAIN STREET
SUITE 210
LAKEWOOD RANCH, FL 34202 US*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

Officer/Director Detail :

Title D
Name BRODY, PAUL F
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title D
Name BOLDUC, ARTHUR R
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title S
Name MCKAY, DANIEL G
Address 80 EXCHANGE ST.
City-State-Zip: BANGOR ME 04401

Title D
Name WHITNEY, DOUGLAS
Address 8130 LAKEWOOD MAIN STREET
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name FRANK, ROBERT III
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title DIRECTOR
Name POGAR, WILLIAM P
Address 30 DANFORTH STREET
SUITE 306
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name BORRELLI, RICHARD B
Address 30 DANFORTH STREET
SUITE 306
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name ADCOCK, LAURA
Address 8130 LAKEWOOD MAIN STREET
SUITE 210
City-State-Zip: LAKEWOOD RANCH FL 34202

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I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS WHITNEY**PRESIDENT****01/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOWAL, KRISTIAN C
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title DIRECTOR
Name MONROE, DANIEL
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title D
Name WARD, MATTHEW L
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title DIRECTOR
Name JOHANNING, MICHAEL
Address 30 DANFORTH STREET
SUITE 306
City-State-Zip: PORTLAND ME 04401

Title D
Name LAPLANT, STEPHANIE J
Address 44 CENTRAL STREET
City-State-Zip: BANGOR ME 04401

Title DIRECTOR
Name BOOTHE, JOCELYN
Address 30 DANFORTH STREET
SUITE 306
City-State-Zip: PORTLAND ME 04101