

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830597

Entity Name: O'BRIEN & GERE ENGINEERS, INC.**Current Principal Place of Business:**333 W WASHINGTON ST
SYRACUSE, NY 13202**Current Mailing Address:**PO BOX 4873
SYRACUSE, NY 13221**FEI Number: 16-0980138****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP, DIRECTOR
Name ROGERS, JEFFREY
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

Title CEOD
Name FOX, JAMES A
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

Title TD
Name MCNULTY, JOSEPH M
Address 4922 CORNISH HEIGHTS
City-State-Zip: SYRACUSE NY 13215

Title AS
Name SUTPHEN, JOHN F
Address 5100 BROCKWAY LANE
City-State-Zip: FAYETTEVILLE NY 13066

Title SD
Name NOWLAN, THOMAS A
Address 301 E GERMANTOWN PIKE, 3RD
FLOOR
City-State-Zip: EAST NORRITON PA 19401

Title VP
Name BARRY, TIMOTHY
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

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: JOHN F. SUTPHEN**ASST SECRETARY****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date