

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **830597** (1)
1. Corporation Name
O'BRIEN & GERE ENGINEERS, INC.



Principal Place of Business 5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221	Mailing Address 5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-0980138	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and block if applicable

(NCST) Registered Agent signature required when reissuing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Director
NAME	LOVELAND, JOHN R.	1.2 NAME	Loveland, John R.
STREET ADDRESS	150 CEDAR HEIGHTS DR.	1.3 STREET ADDRESS	150 Cedar Heights Dr.
CITY-ST-ZIP	JAMESVILLE NY	1.4 CITY-ST-ZIP	Jamesville, NY 13078
TITLE	SVP	2.1 TITLE	Exec. VP, Tres. & Dir.
NAME	JOHNSON, PETER C.	2.2 NAME	Johnson, Peter C.
STREET ADDRESS	1512 N BEECHAM DR.	2.3 STREET ADDRESS	1512 N. Beecham Dr.
CITY-ST-ZIP	AMBLER, PA 00000	2.4 CITY-ST-ZIP	Ambler, PA 19002
TITLE	SVP	3.1 TITLE	Exec. VP, Director
NAME	KIRSCH, GARY N.	3.2 NAME	Kirsch, Gary N.
STREET ADDRESS	2022 DEER RUN ROAD	3.3 STREET ADDRESS	2022 Deer Run Road
CITY-ST-ZIP	LAFAYETTE NY	3.4 CITY-ST-ZIP	Lafayette, NY 13084
TITLE	VPS	4.1 TITLE	President, Director
NAME	KURUC, STEPHEN A. JR.	4.2 NAME	Van Arnem, David G.
STREET ADDRESS	4951 HARVEST LANE	4.3 STREET ADDRESS	4756 Cornish Heights
CITY-ST-ZIP	LIVERPOOL NY	4.4 CITY-ST-ZIP	Syracuse, NY 13215
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed. I am an attachment with an address.

CR2E034 (10/97)