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Secretary of State

03-02-1999 90137 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **830597**

1. Corporation Name
O'BRIEN & GERE ENGINEERS, INC.

Principal Place of Business	Mailing Address
5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221	5000 BRITTONFIELD PARKWAY PO BOX 4873 SYRACUSE NY 13221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1973

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 16-0980138 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Chairman of the Board and Director	XX Change ☐ Addition
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 13078		1.4 CITY-ST-ZIP	Jamesville, NY 13078	
TITLE	VPTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PETER C.		2.2 NAME		
STREET ADDRESS	1512 N BEECHAM DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMBLER, PA 00000 19002		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRSCH, GARY N.		3.2 NAME		
STREET ADDRESS	2022 DEER RUN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE NY 13084		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN ARNAM, DAVID G		4.2 NAME		
STREET ADDRESS	4756 CORNISH HEIGHTS		4.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY 13215		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Secretary and Vice Pres.	☐ Change XX Addition
NAME			5.2 NAME	Stephen A. Kuruc, Jr.	
STREET ADDRESS			5.3 STREET ADDRESS	4951 Harvest Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Liverpool, NY 13088	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Stephen A. Kuruc, Jr., Secretary (315)437-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #