

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90101 042 \*\*\*150.00

**DOCUMENT # 830597**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-0980138**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CBD** ☐ Delete  
 NAME **ROLAND, STEVEN J**  
 STREET ADDRESS **10 AURYANSEN COURT**  
 CITY-ST-ZIP **CLOSTER NJ 07624**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPTD** ☐ Delete  
 NAME **JOHNSON, PETER C.**  
 STREET ADDRESS **1512 N BEECHAM DR**  
 CITY-ST-ZIP **AMBLER PA 19002**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Peter C. Johnson**  
 STREET ADDRESS **1512 N Beecham Dr**  
 CITY-ST-ZIP **Ambler, PA 19002**

TITLE **VPD** ☒ Delete  
 NAME **KIRSCH, GARY N.**  
 STREET ADDRESS **2022 DEER RUN ROAD**  
 CITY-ST-ZIP **LAFAYETTE NY 13084**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Joseph M. McNulty**  
 STREET ADDRESS **7329 Lakeshore Rd**  
 CITY-ST-ZIP **Cicero, NY 13039**

TITLE **PD** ☐ Delete  
 NAME **VAN ARNAM, DAVID G**  
 STREET ADDRESS **4756 CORNISH HEIGHTS**  
 CITY-ST-ZIP **SYRACUSE NY 13215**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BROWN, TERRY L**  
 STREET ADDRESS **7831 KARAKUL LANE**  
 CITY-ST-ZIP **FAYETTEVILLE NY 13066**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MCMATER, PETER W**  
 STREET ADDRESS **7190 FURNHAM RD**  
 CITY-ST-ZIP **MEMPHIS NY 13112**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Peter W. McMaster**  
 STREET ADDRESS **7190 Furnham Rd**  
 CITY-ST-ZIP **Memphis, NY 13112**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David G. Van Arnam**

**President**

**(315)437-6100**

Date

Daytime Phone #

CR2E034 (10/00)