2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2005 08:00 AM **DOCUMENT # 855183 Secretary of State** 1. Entity Name MBA STRUCTURAL ENGINEERS, INC. Principal Place of Business Mailing Address 3620 EIGHTH AVE. SO. 3620 EIGHTH AVE. SO. SUITE 110 BIRMINGHAM AL 35222 SUITE 110 **BIRMINGHAM AL 35222** 3. Mailing Address 2. Principal Place of Business. Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 63-0576330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. as its agent (NOTE Redistered Agent signature required when reinstating) eme of registered agent and tille if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition THE Change TITLE ☐ Delete NAME BALL, D GORDON 3620 8TH AVE., SO STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35222** CITY-ST-ZIP U00000263824 🗆 Change ☐ Addition ☐ Delete 03/15/05-80001-025 150.00 OWENS, KEITH L NAME NAME STREET ADDRESS STREET ADDRESS 3620 8TH AVE., SO STE 110 City-ST-ZIP **BIRMINGHAM AL 35222** CITY-ST-ZIP Change Addition TOTAL Delete TITLE MARLIN, ANDREW T NAME NAME STREET ADDRESS STREET ADDRESS | 3620 8TH AVE., SO STE 110 CITY-ST-ZIP C/TY-ST-7IP BIRMINGHAM AL 35222 Change Addition Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THILE Delete TITLE NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #

FILED