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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857975

 Corporation 	n Name										
CAMPBE	LL & ASSOCIATES CONSUL	TING ENGINEERS, IN	C.								
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Principal Place	e of Business	Mailing Address				'		• • • • • • • • • • • • • • • • • • • •			
3625 N HALL \$	π	3625 N HALL ST									
SUITE 500 SUITE 500 DALLAS TX 75219 DALLAS TX 75219						DO NOT WRITE IN THIS SPACE					
DALLAS TX 75219 DALLAS TX 75219						3. Date	3. Date Incorporated or Qualifed				
						10/0	4/1983				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI N				Арр	lied For
4131 N	. Central Expressway	26 4131 N. Centi	cal	Exp	resswa	y 75-1	669287				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certif	cate of Status Desir	ed 🗆			dditional
22 Suite-	900	27 Suite_900						·· _		e Req	
City & State	e	City & State				I	on Campaign Finan	icing			May Be
	, Texas	28 Dallas, Texa					Fund Contribution			ded to	rees
Zip	Country	Zip		ountry		I	corporation owes the onal Property Tax.	e current year	intangibie ☐ Yes		ΧΊNο
24 75204_	9. Name and Address of Current		30 U	JSA_			e and Address of N	lew Registere			
•	5. Name and Address of Current	Kegistered Agent		81	Name						
CT C	CORPORATION SYSTEM				<u> </u>	(0.0.0					
1200	S. PINE ISLAND ROAD		82 Street Addre				ox Number is Not Ac	ceptable)			
PLAN	NTATION FL 33324			83		72.17		-			
•									loc	Zip Ci	odo
				84	City			F	L 85	ZIP CI	oue
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the	above	-named cor	poration subn	nits this statement fo	or the purpose	of changir	ng its r	egistered
office or re agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was at one of Section 607 0505. Flor	uthorizi ida Sta	ed by t	ne corporat	lion's board of	r directors, i nereby	accept the apt	omanent a	as reg	istered
				atatos.							
_		ono on, occinent controcos, i to		ziolos.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Register	red Agent		red when reinstation	g)	DATE	AND DIDE	CTO	DS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Register	red Agent		red when reinstatin	g) TONS/CHANGES T				
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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 processory mystee 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 any atachype of the corporation of the corpor

SIGNATURE:

REQUIStephen J. Campbell, President

214)559-2600

FILED Apr 02, 1999 8:00 am Secretary of State

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