

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004276

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: THE RAYMOND CORPORATION, CONSULTING ENGINEERS

**Current Principal Place of Business:**

523 ROCK BLUFF  
AUSTIN, TX 78734

**New Principal Place of Business:**

11 S. YORK GATE CT  
THE WOODLANDS, TX 77382

**Current Mailing Address:**

523 ROCK BLUFF  
AUSTIN, TX 78734

**New Mailing Address:**

11 S. YORK GATE CT  
THE WOODLANDS, TX 77382

FEI Number: 76-0309935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: PATTERSON, BILLY R  
Address: 523 ROCK BLUFF  
City-St-Zip: AUSTIN, TX 78734

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD (X) Change ( ) Addition  
Name: PATTERSON, BILLY R  
Address: 11 S. YORK GATE CT  
City-St-Zip: THE WOODLANDS, TX 77382

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY R. PATTERSON

PRES

01/31/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date