

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001431

FILED
Apr 19, 2012
Secretary of State

Entity Name: MACTEC DEVELOPMENT CORPORATION

Current Principal Place of Business:

1105 LAKEWOOD PKWY
SUITE 300
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

1105 LAKEWOOD PKWY
SUITE 300
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 84-1505830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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

OFFICERS AND DIRECTORS:

Title: P
Name: MASSEY, ANN E
Address: 1105 LAKEWOOD PARKWAY, SUITE 300
City-St-Zip: ALPHARETTA, GA 30009

Title: D
Name: KIBLER, JAMES A JR
Address: 1105 LAKEWOOD PARKWAY, SUITE 300
City-St-Zip: ALPHARETTA, GA 30009

Title: VP
Name: KIBLER, JAMES A JR
Address: 1105 LAKEWOOD PKWY STE 300
City-St-Zip: ALPHARETTA, GA 30009

Title: VP
Name: RIMA, STEVE D
Address: 751 HORIZON COURT
City-St-Zip: GRAND JUNCTION, CO 81506

Title: ST
Name: SLAMAN, WILLIAM D
Address: 1105 SANCTUARY PARKWAY, SUITE 300
City-St-Zip: ALPHARETTA, GA 30009

Title: VP
Name: SMITH, TERRY S
Address: 9725 COGDILL ROAD
City-St-Zip: KNOXVILLE, TN 37932

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D. SLAMAN

ST

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date