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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006938

E2 CONSULTING ENGINEERS, INC.

Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90008 049 ***150.00

FILED



Mailing Address Principal Place of Business 1536 COLE BLVD.. STE. 210 1536 COLE BLVD... STE.. 210 GOLDEN CO 80401 GOLDEN CO 80401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/21/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 94-3061417 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zip Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent KELL, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 9032 CYPRESS GLEN CT. 83 WEEKI WACHEE FL 34613 Zip Cöde 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE 1,1 TITLE TITLE 1.2 NAME NAME KELL, RICHARD 1.3 STREET ADDRESS 9032 CYPRESS GLEN CT. STREET ADDRE 1.4 CITY-ST-ZIP WEEKI WACHEE FL 34613 CITY-ST-ZIP [] Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME SALUJA, HERSH NAME 2.3 STREET ADDRESS 1536 COLE BLVD. STE. 210 STREET ADDRESS 2.4 CITY-ST-ZIP GOLDEN CO 80401 CITY-ST-ZIP ☐ Addition ☐ Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP , 🔲 Addition ☐ DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP 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 receiver or trustee 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 an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)