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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35656** **(8)**

1. Corporation Name
O'BRIEN & GERE TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
5000 BRITTONFIELD PARKWAY EAST SYRACUSE NY 13057	5000 BRITTONFIELD PARKWAY EAST SYRACUSE NY 13057-9200

3. Date Incorporated or Qualified: 09/25/1991
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 22-2387569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, CORNELIUS B, DR		1.2 NAME		
STREET ADDRESS	4454 KASSON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, TERRY L.		2.2 NAME		
STREET ADDRESS	7831 KARAKUL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE NY		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PETER C.		3.2 NAME		
STREET ADDRESS	1512 N. BEECHAM DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	AMBLER PA		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCNULTY, JOSEPH M		4.2 NAME		
STREET ADDRESS	7329 LAKESHORE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CICERO NY		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KURUC, STEPHEN A., JR.		5.2 NAME		
STREET ADDRESS	4951 HARVEST LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIVERPOOL NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOVELAND, JOHN R		6.2 NAME		
STREET ADDRESS	150 CEDAR HEIGHTS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	JAMESVILLE NY		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Terry L Brown 2/11/97 315/432-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #