

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov Amended

2016

1. Entity ID No. 000787630		2. Exact name of the Corporation Patrick Engineering Inc.					
3. Principal office addres 4970 Varsity Drive		<i>y</i>	City Lisle	State IL.	Zip 60532		
4. Business Phone No. 3012.201.7947 630-795-7200			5. State of Incorporation Illinois				
6. Brief description of the To Provide Profes		s conducted in Rhode Islan ring	đ		2815 M	96	
7. LIST ALL OFFICERS	(NAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)			D'r	
resident Name Jeffrey C. Schuh			Vice-President Name Greg Medici			OR A	
treet Address 4970 Varsity Drive			Street Address 4970 Varsity Drive			NON	
City Lisle	State IL	Zlp 06532	City Lisle	State IL	Zip 605 32	STA	
	cretary Name oward E. Firestone		Treasurer Name Daniel P. Dietzler			T	
Street Address 4970 Varsity Drive				Street Address 4970 Varsity Drive			
City L iste	State IL	Zip 06532	City Lisle	State IL.	Zlp 60532		
	S (NAMES AND ADI	PRESSES) ("X" BOX FOR					
Prector Name Daniel P. Dietzier			Director Name Jeffrey C. Schuh				
Street Address 4970 Varsity Drive				Street Address 4970 Varsity Drive			
City Lisie	State IL	Zip 60532	City	State	Zip		
Director Name Christopher P. Di		00332	Lisie Director Name	Lisle IL 60532 rector Name		-	
Street Address 4970 Varsity Driv			Street Address				
Dity Lisle	State	^{Zlp} 60532	City	State	Zip		
, SHARES AUTHORIZE			10. SHARES ISSUE	ATTA ROT XOB "X") C	CHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PARI VALUE	Ι	
f State, Changes requir	information is currently of record in the Office of the Secretary ste. Changes require an additional filling. Section 9 of instruction sheet.		1,000.00	STK	\$0.0100 \$\ldot\(\ldot\)	40	
	uted on behalf of the	corporation by an authorize st be executed on behalf of					
File Date			Under penalty of p	erjury, I declare and a	firm that I have examined schedules and statement	9,	

File Date Check No.		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 3.4-16			
By: FOR SECRETARY OF STATE USE ONLY	FILED /	Signature of Authorized Representative	Date		
eren No. 630	MAR 1 0 2016	Print or Type Name of Authorized Representative			
Revised: 01/2012	MA.A.11:5	<u>5</u> A.M.			

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

