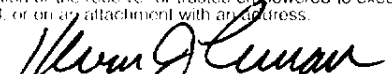


Co. 2

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 829626 1. Corporation Name Parsons Brinckerhoff Quade & Douglas, Inc.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 One Penn Plaza		03/05/1973	
Suite, Apt. #, etc		4. FEI Number	
22		11-1531569	
City & State		Applied For	
23 New York, NY		Not Applicable	
Zip		5. Certificate of Status Desired	
24 10119		☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
Country		6. Election Campaign Financing	
25		Trust Fund Contribution	
26		☐ \$5.00 May Be Added to Fees ☐ \$5.00 May Be Added to Fees	
27		8. This corporation owes or has paid the current year Intangible	
28		Personal Property Tax due June 30.	
29		☐ Yes ☐ No	
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT Corporation System		81 Name	
1200 S. Pine Island Road		82 Street Address (P.O. Box Number is Not Acceptable)	
Plantation, FL 33324		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 _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		11 TITLE CD ☒ Change ☐ Addition 12 NAME Della Rocca, Michael S. 13 STREET ADDRESS One Penn Plaza 14 CITY-ST-ZIP New York, NY 10119	
TITLE _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		21 TITLE P ☒ Change ☐ Addition 22 NAME Griggs, Gary E. 23 STREET ADDRESS One Penn Plaza 24 CITY-ST-ZIP New York, NY 10119	
TITLE _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		31 TITLE SVP ☒ Change ☐ Addition 32 NAME Levy, Morris 33 STREET ADDRESS 120 Boylston St., Boston, MA 34 CITY-ST-ZIP	
TITLE _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		41 TITLE SVP ☒ Change ☐ Addition 42 NAME Hoover, Julie H. 43 STREET ADDRESS One Penn Plaza 44 CITY-ST-ZIP New York, NY 10119	
TITLE _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		51 TITLE C ☒ Change ☐ Addition 52 NAME Shein, Paul D 53 STREET ADDRESS One Penn Plaza 54 CITY-ST-ZIP New York, NY 10119	
TITLE _____ ☐ DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		61 TITLE S ☒ Change ☐ Addition 62 NAME Curran, Kevin J. 63 STREET ADDRESS One Penn Plaza 64 CITY-ST-ZIP New York, NY 10119	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.04(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: 		Kevin J. Curran 3/23/98 (212) 465-5011	

CR2E034 (10/97)