

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90164 007 ***793.75

DOCUMENT # 829626

1. Corporation Name:

PARSONS, BRINCKERHOFF, QUADE & DOUGLAS, INC.

Principal Place of Business

ONE PENN PLAZA
NEW YORK NY 10119
US

Mailing Address

ONE PENN PLAZA
ATTENTION: K. CURRIN
NEW YORK NY 10119-0001
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1973

4. FEI Number

11-1531569

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	DELLA ROCCA, MICHAEL S	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	P	☐ DELETE
NAME	GRIGGS, GARY E E	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	VSVP	☐ DELETE
NAME	LEVY, MORRIS	
STREET ADDRESS	120 EIOYLSTON ST. 5TH FL.	
CITY-ST-ZIP	BOSTON MA	
TITLE	C	☐ DELETE
NAME	SHEIN, P. D.	
STREET ADDRESS	ONE PENN PLACE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☐ DELETE
NAME	CURFAN, K.J.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	☐ DELETE
NAME	HOOVER, J.H.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SVP ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Sheridan, P.D.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SVP/D ☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Katherine Harris
Katherine Harris
Signature and typed or printed name of signing officer or director

Date March 15, 1999

Daytime Phone # (212) 465-5304

CR2E034 (11/98)