2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 829626

FILED

00 FEB 10 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PARSONS, BRINCKERHOFF, QUADE & DOUGLAS, INC.

Principal Place of Business	Mailing Address
ONE PENN PLAZA NEW YORK NY 10119 US	ONE PENN PLAZA ATTENTION: K. CURRIN NEW YORK NY 10119-0002 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-1531569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DELLA ROCCA, MICHAEL S ONE PENN PLAZA NEW YORK NY 10119	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD McCormack, Eugene R. 1800 Duke Street Alexandria, VA 22314	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIGGS, GARY E E ONE PENN PLAZA NEW YORK NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200003136512--3 -02/16/00--01003--012 ***1746.25 ****158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LEVY, MORRIS 120 BOYLSTON ST. 5TH FL. BOSTON MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	75 Arlington Street Boston, MA 02116	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SHERIDAN, P D ONE PENN PLACE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CURRAN, K.J. ONE PENN PLAZA NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD HOOVER, J.H. ONE PENN PLAZA NEW YORK NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KE	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin J. Curran Kevin J. Curran 02/02/00 (212) 465-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #