(212) 465-5304 3/5/2001

Kevin J.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2001 8:00 am DOCUMENT # 829626 **Secretary of State** PARSONS, BRINCKERHOFF, QUADE & DOUGLAS, INC. 03-20-2001 90124 001 *1,905.00 Principal Place of Business Mailing Address ONE PENN PLAZA ONE PENN PLAZA NEW YORK NY 10119 ATTENTION: K. CURRIN 65708 NEW YORK NY 10119-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-1531569 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete TITI F MCCORMACK, EUGENE R NAME NAME STREET ADDRESS 1800 DUKE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ Addition Delete TITI F ☐ Change TITLE. GRIGGS, GARY E E NAME NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10119** Change ■ Addition ☐ Delete TITLE TITLE LEVY, MORRIS NAME NAME STREET ADDRESS STREET ADDRESS 75 ARLINGTON STREET CITY-ST-7IP CITY-ST-7IP **BOSTON MA 02116** TITLE ☐ Delete TITLE ☐ Change Addition SHERIDAN, P D NAME NAME STREET ADDRESS STREET ADDRESS ONE PENN PLACE CITY-ST-7IP CITY-ST-7IP **NEW YORK NY** ☐ Delete TITLE TITLE Change ☐ Addition CURRAN, K.J. NAME NAME STREET : TRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-Z-I **NEW YORK NY** TITLE SVPD ☐ Delete TITLE ☐ Change Addition NAME HOOVER, J.H. NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10119 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.

OFFICER OR DIRECTOR