


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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832235 (6)**

1. Corporation Name  
**CAMP DRESSER & MCKEE INC**



Principal Place of Business <b>ONE CAMBRIDGE CENTER                  12TH FLOOR                  CAMBRIDGE MA 02142                  US</b>	Mailing Address <b>ONE CAMBRIDGE CENTER                  12TH FLOOR                  CAMBRIDGE MA 02142-1801                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>04/23/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>04-2473850</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 8751 WEST BROWARD BLVD.  
 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
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	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>FURMAN, JR. T</b>
STREET ADDRESS	<b>153 STONE ROOT LANE</b>
CITY-ST-ZIP	<b>CONCORD MA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DOHERY, RICHARD M.</b>
STREET ADDRESS	<b>74 MAGNOLIA DRIVE</b>
CITY-ST-ZIP	<b>WESTWOOD MA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARINI, ROBERT C.</b>
STREET ADDRESS	<b>ONE NEVIN ROAD</b>
CITY-ST-ZIP	<b>SOUTH WEYMOUTH MA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAMELL, PAUL G.</b>
STREET ADDRESS	<b>25 FREEPORT DRIVE</b>
CITY-ST-ZIP	<b>WILMINGTON MA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOYLE, DAVID F.</b>
STREET ADDRESS	<b>4 CHARLES STREET</b>
CITY-ST-ZIP	<b>NORTH READING MA</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MCARTHY, ROBERT W.</b>
STREET ADDRESS	<b>7 BUTTERNUT ROAD</b>
CITY-ST-ZIP	<b>WAKEFIELD MA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or 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 or changes to or is added to Block 12 with an address.

SIGNATURE: **ROBERT W. MC CARTHY**  REQUIRED **4/29/97 (617) 621-8181**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000033

CR2E034 (9/96)