

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

**FILED**

**Apr 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 Mailing Address  
**One Cambridge Center - 12th Floor Attn: J. Holwell**  
**Cambridge, MA 02142 Same**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 <b>One Cambridge Center</b>		26 <b>Attn: J. Holwell</b>		4/23/74		04-2473650		Not Applicable	
22 <b>12th Floor</b>		27 <b>SAME</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
23 <b>Cambridge, MA</b>		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
24 <b>02142</b>		25 <b>Middlesex</b>		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T Corporation Systems</b> <b>8751 West Broward Blvd.</b> <b>Plantation, FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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's signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P /D</b>	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Furman, Jr. Thomas D.</b>			12 NAME			
STREET ADDRESS	<b>153 Stone Root Lane</b>			13 STREET ADDRESS			
CITY-ST-ZIP	<b>Concord, MA 01742</b>			14 CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		21 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Doherty, Richard M.</b>			22 NAME	<b>James S. Lackman</b>		
STREET ADDRESS	<b>74 Magnolia Drive</b>			23 STREET ADDRESS	<b>59 Hutchinson Drive</b>		
CITY-ST-ZIP	<b>Westwood, MA</b>			24 CITY-ST-ZIP	<b>Marlborough, MA 01752</b>		
TITLE	<b>T /D</b>	<input checked="" type="checkbox"/> DELETE		31 TITLE	<b>T /D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Camell, Paul G.</b>			32 NAME	<b>Robert J. Anton</b>		
STREET ADDRESS	<b>25 Freeport Dr.</b>			33 STREET ADDRESS	<b>85 Jerusalem Rd.</b>		
CITY-ST-ZIP	<b>Wilmington, MA</b>			34 CITY-ST-ZIP	<b>Cohasset, MA 02025</b>		
TITLE	<b>For Directors - See Attached Listing</b>	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE: *James S. Lackman* James S. Lackman 4-9-98 (617) 621-8181

CR2E034 (10/97)



CAMP DRESSER & McKEE INC.

BOARD OF DIRECTORS

as of 4/11/95

<u>Name</u>	<u>Home Address</u>
Robert C. Marini Chairman of the Board	One Nevin Road South Weymouth, MA 02190
Constance V. Braun	1580 Massachusetts Avenue Unit 5-A Cambridge, MA 02138
William F. Callahan	49 Bunker Hill Road Ipswich, MA 01938
Paul G. Camell	25 Freeport Drive Wilmington, MA 01887
David F. Doyle	4 Charles Street North Reading, MA 01864
Richard D. Fox	99 Woburn Street Andover, MA 01810
Thomas D. Furman, Jr.	153 Stone Root Lane Concord, MA 01742
William S. Howard	8 Oak Hill Road Neshanic Station, NJ 08853
Sumner Kaufman	221 Prince Street West Newton, MA 02165
David H. Marks	15D Roberts Road Cambridge, MA 02138
Robert F. Reiser	33 Mashomuck Drive Sag Harbor, NY 11963
Howard H. Stevenson	39 Sears Road P.O. Box 277 Southboro, MA 01771
Peter W. Tunnicliffe	116 Bent Road Sudbury, MA 01776

EXPIRATION OF TERM: Until their successors are duly chosen and qualified.

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