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Mar 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 832235

1. Corporation Name
CAMP DRESSER & MCKEE INC



Principal Place of Business
 ONE CAMBRIDGE CENTER
 12TH FLOOR
 CAMBRIDGE MA 02142
 US

Mailing Address
 ATTN: J. HOLWELL
 ONE CAMBRIDGE CENTER, 12TH FLOOR
 CAMBRIDGE MA 02142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29

3. Date Incorporated or Qualified
04/23/1974

4. FEI Number
04-2473650

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

6. Election Campaign Financing Trust Fund Contribution **\$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
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 **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME PD
 STREET ADDRESS FURMAN, JR. T
 153 STONE ROOT LANE
 CITY-ST-ZIP CONCORD MA

TITLE DELETE

NAME S
 STREET ADDRESS LACKMAN, JAMES S
 59 HUTCHINSON DRIVE
 CITY-ST-ZIP MARLBOROUGH MA 01752

TITLE DELETE

NAME T
 STREET ADDRESS ANTON, ROBERT J
 85 JERUSALEM ROAD
 CITY-ST-ZIP COHASSETT MA 02025

TITLE DELETE

NAME D
 STREET ADDRESS KAUFMAN, SUMNER
 221 PRINCE STREET
 CITY-ST-ZIP WEST NEWTON MA 02165

TITLE DELETE

NAME D
 STREET ADDRESS STEVESON, HOWARD H
 39 SEARS ROAD
 CITY-ST-ZIP SOUTHBORO MA 01771

TITLE DELETE

NAME D
 STREET ADDRESS TUNNICLIFFE, PETER W
 116 BENT ROAD
 CITY-ST-ZIP SUDBURY MA 01776

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 Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME Stevenson, Howard H. (Correction)

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 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: *James S. Lackman* **James S. Lackman, Secretary** (617) 621-8181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)