

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 26, 2009  
Secretary of State**

DOCUMENT# 832235

Entity Name: CAMP DRESSER & MCKEE INC

**Current Principal Place of Business:**

ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
CAMBRIDGE, MA 02139 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: LEGAL DEPT.  
50 HAMPSHIRE STREET  
CAMBRIDGE, MA 02139

**New Mailing Address:**

FEI Number: 04-2473650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CHB ( ) Delete  
Name: FURMAN, THOMAS D JR  
Address: 50 HAMPSHIRE STREET  
City-St-Zip: CAMBRIDGE, MA 02139

Title: S ( ) Delete  
Name: LACKMAN, JAMES S  
Address: 50 HAMPSHIRE STREET  
City-St-Zip: CAMBRIDGE, MA 02139

Title: P ( ) Delete  
Name: MANNING, JOHN D  
Address: 50 HAMPSHIRE STREET  
City-St-Zip: CAMBRIDGE, MA 02139

Title: T ( ) Delete  
Name: MCCARTHY, ROBERT W  
Address: 50 HAMPSHIRE STREET  
City-St-Zip: CAMBRIDGE, MA 02139

Title: D ( ) Delete  
Name: STEVENSON, HOWARD H  
Address: 31 FAYERWEATHER STREET  
City-St-Zip: NESHANIC STATION, NJ 08853

Title: D ( ) Delete  
Name: SHEA, PAUL R  
Address: 555 17TH STREET  
City-St-Zip: DENVER, CO 80202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHB (X) Change ( ) Addition  
Name: FOX, RICHARD D  
Address: 50 HAMPSHIRE STREET  
City-St-Zip: CAMBRIDGE, MA 02139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. LACKMAN

S

05/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date