

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90164 007 \*\*\*793.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # 854225**

1. Corporation Name  
**PARSONS BRINCKERHOFF CONSTRUCTION SERVICES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 465 SPRING PARK PLACE  
 HERNDON VA 22070  
 US

Mailing Address  
 ATT K CURRAN  
 ONE PENN PLAZA  
 NEW YORK NY 10119  
 US

|   |                                     |  |
|---|-------------------------------------|--|
| 3. Date Incorporated or Qualified   | 09/29/1982                          |  |
| 4. FEI Number   | 13-2963520                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution                      | <input type="checkbox"/>            | \$5.00 May Be Added to Fees                            |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No                 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24 20170                       | 25                  |
| 29                             | 30                  |

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
 1200 S. PINE ISLAND ROAD  
 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   |
| FL  |

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD RESEIGH, C.E. <input type="checkbox"/> DELETE    |
| NAME                       | 465 SPRING PARK PLACE                               |
| STREET ADDRESS             | HERNDON VA 20170                                    |
| CITY-ST-ZIP                |   |
| TITLE                      | CD DOEBLER, J. C. <input type="checkbox"/> DELETE   |
| NAME                       | ONE SOUTH STATION                                   |
| STREET ADDRESS             | BOSTON MA 02110                                     |
| CITY-ST-ZIP                |   |
| TITLE                      | VD LEVY, M. S. <input type="checkbox"/> DELETE      |
| NAME                       | 120 BOYLSTON STREET, 4TH FLOOR                      |
| STREET ADDRESS             | BOSTON MA 02116                                     |
| CITY-ST-ZIP                |   |
| TITLE                      | S CURFAN, K. J. <input type="checkbox"/> DELETE     |
| NAME                       | ONE PENN PLAZA                                      |
| STREET ADDRESS             | NEW YORK NY 10119                                   |
| CITY-ST-ZIP                |   |
| TITLE                      | D BALLOWE, GLEN H <input type="checkbox"/> DELETE   |
| NAME                       | 465 SPRING PARK PLACE                               |
| STREET ADDRESS             | HERNDON VA 20170                                    |
| CITY-ST-ZIP                |   |
| TITLE                      | D MARSHALL, MICHAEL <input type="checkbox"/> DELETE |
| NAME                       | 465 SPRINGS PARK PLACE                              |
| STREET ADDRESS             | HERNDON VA 20170                                    |
| CITY-ST-ZIP                |   |

| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | Lammie, J.L.   |
| 5.3 STREET ADDRESS                                    | One Penn Plaza   |
| 5.4 CITY-ST-ZIP                                       | New York, NY 10119   |
| 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | McAlister, D.S.  |
| 6.3 STREET ADDRESS                                    | 301 North Charles St., Suite 200   |
| 6.4 CITY-ST-ZIP                                       | Baltimore, MD 21201  |

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:** *Kevin J. Curran* **REQUIRED** Kevin J. Curran 3/15/99 (212) 465-5304  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)