


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

**FILED**

**May 05 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 # P12748 (0)**

1. Corporation Name  
**VERITAS DGC LAND INC.**



Principal Place of Business <b>235 EXCELL DRIVE PEARL MS 39208</b>	Mailing Address <b>P.O. BOX 98159 JACKSON MS 39208-8159</b>
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3. Date Incorporated or Qualified <b>12/31/1986</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>64-0737426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 \_\_\_\_\_  
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>ECKERT, JAMES C. 235 EXCELL DR PEARL MS</b>	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVID B. ROBSON 3701 Kirby DR Houston TX 77098</b>
TITLE <b>DP</b>	<input type="checkbox"/> DELETE <b>LUDLOW, STEPHEN J. 3701 KIRBY DR. HOUSTON TX</b>	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE <b>MCAIRY, RICHARD W. 3701 KIRBY DR. HOUSTON TX</b>	2.2 NAME <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Anthony TRIPPOD 3701 Kirby Drive Houston, Tx 77098</b>
TITLE <b>VTS</b>	<input checked="" type="checkbox"/> DELETE <b>POGACH, ALLAN C. 3701 KIRBY DR. HOUSTON TX</b>	3.1 TITLE <b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rene M.J. Van den Brand 3701 Kirby DR Houston, Tx 77098</b>
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>ACKERMAN, CHARLES H. 3701 KIRBY DR HOUSTON TX</b>	4.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Craig P. Rothwell 3701 Kirby DR. Houston Tx 77098</b>
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>MANN, WHITNEY C. 3701 KIRBY AVE. HOUSTON TX</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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)(l), 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:** *Whitney C. Mann* **REQUIRED** **Whitney C. Mann** **4-25-97 (713) 512-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)