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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:34

DOCUMENT # P32927 (6)

1. Corporation Name
PARSONS BRINCKERHOFF ENERGY SERVICES, INC.

Principal Place of Business	Mailing Address
475 SPRING PARK PLACE HERNDON VA 22070 US	C/O PBOD, INC. 1 PEN PLAZA, OFFICE OF FRANCE NEW YORK NY 10119 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 One Penn Plaza	26 One Penn Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attention: K. Curran
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10119 / Country 25	Zip 29 10119 / Country 30

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 07/13/1994
4. FEI Number: 54-1283321 (Applied For / Not Applicable)
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 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 (Signature of new registered agent, if appointed) (Name of Registered Agent, typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☑ Change ☐ Addition
NAME	NOAKES, R. C.	1.2 NAME	Roman, W.S.	
STREET ADDRESS	475 SPRING PARK PLACE	1.3 STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	HERNDON VA	1.4 CITY-ST-ZIP	New York, NY 10119	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	RISHER, J. S.	2.2 NAME		
STREET ADDRESS	475 SPRING PARK PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☑ Change ☐ Addition
NAME	CURRAN, K. J.	3.2 NAME		
STREET ADDRESS	250 WEST 34TH STREET	3.3 STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10119	
TITLE	T	4.1 TITLE		☑ Change ☐ Addition
NAME	PAONE, B. N.	4.2 NAME		
STREET ADDRESS	250 WEST 34TH STREET	4.3 STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	NEW UORK NY	4.4 CITY-ST-ZIP	New York, NY 10119	
TITLE	CD	5.1 TITLE		☑ Change ☐ Addition
NAME	NAUAK, M. A.	5.2 NAME	Novak, M.A.	
STREET ADDRESS	555 13TH STREET, N. W., SUITE 400 TOWER W	5.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BALLOWE, G. H.	6.2 NAME		
STREET ADDRESS	475 SPRING PARK PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true and accurate and that my signature shall be the equivalent of a signature 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 above, or on an attachment with an address.

SIGNATURE: Kevin J. Curran 1/10/95 212 465-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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