

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832235

Entity Name: CDM SMITH INC.

**Current Principal Place of Business:**

75 STATE STREET  
#701  
BOSTON, MA 02109

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC2331470386**

**Current Mailing Address:**

75 STATE STREET  
#701  
BOSTON, MA 02109 US

**FEI Number: 04-2473650**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CHB  
Name HICKOX, STEPHEN J  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title S  
Name MARCACCIO, MARIO J  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title P  
Name WALL, TIMOTHY B  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title T  
Name DESMARIS, THIERRY  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title D  
Name STEVENSON, HOWARD H  
Address 31 FAYERWEATHER STREET  
City-State-Zip: NESHANIC STATION NJ 08853

Title D  
Name SHEA, PAUL R  
Address 2180 WEST FIRST STREET  
SUITE 400  
City-State-Zip: FORT MEYERS FL 33901

Title DIRECTOR  
Name O'BRIEN, WILLIAM K  
Address 260 BEACON ST.  
#6  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name WALTERS, GAE A  
Address 2007 ALAQUA LAKES BLVD  
City-State-Zip: LONGWOOD FL 32779

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIO J. MARCACCIO**

**SECRETARY**

**01/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name MAKOFSKY, JASON  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name HUGHES, COLLEEN  
Address 110 FIELDCREST AVE  
City-State-Zip: EDISON NJ 08837

Title DIRECTOR  
Name TUNNICLIFFE, PETER W  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name VANANTWERP, ROBERT L.  
Address 1199 HAYWOOD DRIVE  
City-State-Zip: COLLEGE STATION TX 77845