

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832235

Entity Name: CDM SMITH INC.

**Current Principal Place of Business:**

ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
CAMBRIDGE, MA 02139

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC5739620613**

**Current Mailing Address:**

ONE CAMBRIDGE PLACE - ATTN: LEGAL DEPT.  
50 HAMPSHIRE STREET  
CAMBRIDGE, MA 02139 US

**FEI Number: 04-2473650**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
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 50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title S  
Name LACKMAN, JAMES S  
Address 50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title P  
Name WALL, TIMOTHY B  
Address 50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title T  
Name DESMARIS, THIERRY  
Address ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

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

Title D  
Name SHEA, PAUL R  
Address 555 17TH STREET  
City-State-Zip: DENVER CO 80202

Title DIRECTOR  
Name ALLEN, CHARLENE P  
Address ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

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

**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: JAMES S. LACKMAN**

**SECRETARY**

**02/25/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SMITH, STEVENSON M.  
Address 1301 GERVAIS STREET  
SUITE 1600  
City-State-Zip: COLUMBIA SC 29201

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

Title DIRECTOR  
Name TUNNICLIFFE, PETER W  
Address ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name VICENS, GUILLERMO J  
Address ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title ASSISTANT SECRETARY  
Name MARCACCIO, MARIO J  
Address ONE CAMBRIDGE PLACE  
50 HAMPSHIRE STREET  
City-State-Zip: CAMBRIDGE MA 02139

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