

**2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F93000005556

**Entity Name:** THE LOUIS BERGER GROUP (DOMESTIC), INC.**Current Principal Place of Business:**412 MOUNT KEMBLE AVENUE  
MORRISTOWN, NJ 07960**Current Mailing Address:**P.O. BOX 1946  
MORRISTOWN, NJ 07962**FEI Number: 22-1966254****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name           LEWIS, THOMAS G  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title            TREASURER  
Name           MCKINNON, LUKE D  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title            DIRECTOR  
Name           WALKER, LARRY D  
Address        1250 23RD ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title            DIRECTOR  
Name           BACH, JAMES G  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title            SECRETARY  
Name           REAP, MICHAEL H  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title            ASST. SECRETARY  
Name           SADOWSKI, MARK  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

Title            ASST. SECRETARY  
Name           RICEVUTO, VINCENT  
Address        412 MOUNT KEMBLE AVENUE  
City-State-Zip: MORRISTOWN NJ 07960

*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: LUKE MCKINNON****TREASURER****07/08/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date