2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 805399 Jul 05, 2000 8:00 am Secretary of State STONE & WEBSTER ENGINEERING CORPORATION 07-05-2000 90878 024 ***150.00 Mailing Address Principal Place of Business 245 SUMMER ST 245 SUMMER ST TAX DEPT TAX DEPT. BOSTON MA 02210-1133 BOSTON MA 02210 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 04-1875140 Not Applicable \$8.75 Additional Country Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33321 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE JONES, JAMES P NAME NAME نز ئ 245 SUMMER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BOSTON MA 02210** $d\Phi$ **Denance** ☐ Addition ACDD TITLE TITLE Detete R. DOTON GERALD WIESEL: ROBERT C. NAME STREET ADDRESS STREET ADDRESS 245 SUMMER STREET CITY-ST-7P CITY-ST-ZIP **BOSTON MA** ☐ Addition CD _ __ ☐ Change □ Defete 1MLE SMITH, H. KERNER NAME NAME STREET ADDRESS 245 SUMMER STREET STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **BOSTON MA** Addition VCPD ☐ Delete TITLE TITLE M. EVANS PETER WALSH, FDWARD J. NAME NAME STREET ADDRESS 245 SUMMER ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOSTON MA 02210 ☐ Change Addition EVPD Detete. TITLE LANGFORD, THOMAS L. NAME NAME STREET ADDRESS 245 SUMMER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02210** ☐ Addition Delete ☐ Change DDE ANDERSON, IAN K NAME NAME 245 SUMMER STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOSTON MA 02210** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: