CR2E034 (5/01)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2001 8:00 am Secretary of State 807734 **DOCUMENT #** 1. Entity Name 07-17-2001 90093 002 ***550.00 GREAT LAKES DREDGE & DOCK COMPANY Principal Place of Business Mailing Address 2122 YORK ROAD 2122 YORK ROAD OAK BROOK IL 60521 OAK BROOK IL 60521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-1163930 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required C: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete NAME WENSEL, DEBORAH A NAME STREFT ADDRESS 2122 YORK RD. STREET ADDRESS OAK BROOK IL 60523 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MACKIE, DOUGLAS B. NAME NAME STREET ADDRESS 2122 YORK RD. STREET ADDRESS OAK BROOK IL CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change LESLIE A. Braun NAME THOMAS, MARK R. 2122 YORK ROAD STREET ADDRESS 2122 YORK ROAD STREET ADDRESS OAK BROOK, IL 60523 CITY-ST-7IP CITY-ST-ZIP OAK BROOK IL Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 attachme

SIGNATURE:

DEBORAH A. WENSEL 7/11/01 (630) 574-2949