2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
07-05-2000 90878 023 ***150.00

DOCUMENT # 810311

Entity Name

STONE & WEBSTER MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
PLAZA BOX 1244 YORK NY 10116	245 SUMMER ST TAX DEPT BOSTON MA 02210-1133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
245 SUMMER ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOSTON, MA	
City & State	City & State
02210	
Zip / Country	Zip / Country

4. FEI Number 13-5553135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCWHINNEY, ROBERT T JR	NAME	
STREET ADDRESS	245 SUMMER STREET	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DELGADO, REYNOLDS M	NAME	
STREET ADDRESS	1430 ENCLAVE PKWY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77077	CITY-ST-ZIP	
TITLE	AT ☒ Delete	TITLE	☒ Change ☒ Addition
NAME	LORING, HARRIS E JR.	NAME	
STREET ADDRESS	245 SUMMER ST	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	AT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	QUATTROCCHI, STEPHEN A.	NAME	
STREET ADDRESS	245 SUMMER ST BOX 2325	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, JAMES P	NAME	
STREET ADDRESS	245 SUMMER ST	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~MORROW, RICHARD F~~	NAME	ALBERTO M. FERRER
STREET ADDRESS	245 SUMMER STREET	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	CITY-ST-ZIP	

CR2E034 (9/99)

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: James P. Jones James P. Jones 4/18/00 (617) 585-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #