

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821699

1. Corporation Name

MONTGOMERY WATSON AMERICAS, INC.

Principal Place of Business

**300 N LAKE AVE., STE. 1200
SUITE 1200
PASADENA CA 91101**

Mailing Address

**300 N LAKE AVE., STE. 1200
SUITE 1200
PASADENA CA 91101**

2. Principal Place of Business

21 300 North Lake Avenue

2a. Mailing Address

26 300 North Lake Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1200

27 Suite 1200

City & State

City & State

23 Pasadena, California

28 Pasadena, California

Zip Country

Zip Country

24 91101 25 U.S.A.

29 91101 30 U.S.A.

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1968

4. FEI Number

95-1878805

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
TOLANEY, MURLI**
STREET ADDRESS **300 N LAKE AVE, STE 1200**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE ☐ DELETE

NAME **SVPS
TAGGART, DAVID A**
STREET ADDRESS **300 N LAKE AVE, STE 1200**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE ☐ DELETE

NAME **SVPT
HARPER, DAVID J**
STREET ADDRESS **300 N LAKE AVE, STE 1200**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE ☐ DELETE

NAME **AS
MCCONVILLE, DANIEL**
STREET ADDRESS **300 N LAKE AVE, STE 1200**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE ☐ DELETE

NAME **SVPD
EVENSON, DONALD E**
STREET ADDRESS **1340 TREAT BLVD, STE 300**
CITY-ST-ZIP **WALNUT CREEK CA 94596**

TITLE ☐ DELETE

NAME **PD
UHLER, ROBERT B**
STREET ADDRESS **1300 WALNUT STREET, STE 210**
CITY-ST-ZIP **BOULDER CO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PD
UHLER, ROBERT B
370 INTERLOCKEN BLVD., SUITE 300
BROOMFIELD, CO 80021**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Taggart** Sr. Vice President/Secretary 02/03/99 626)568-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)