

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90107 021 \*\*\*163.75

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 821699**

1. Entity Name

MONTGOMERY WATSON AMERICAS, INC.

Principal Place of Business

Mailing Address

300 North Lake Ave., Ste 1200 (same as physical)  
Pasadena, CA 91101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-1878805**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0062380**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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)

DATE

9. 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing

**\$5.00** May Be  
Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **McCONVILLE, DANIEL**  
STREET ADDRESS **300 N LAKE AVE., STE 1200**  
CITY-ST-ZIP **PASADENA, CA 91101**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVPT** ☐ Delete  
NAME **EVENSON, DONALD E.**  
STREET ADDRESS **1340 TREAT BLVD., STE 300**  
CITY-ST-ZIP **WALNUT CREEK, CA 94596**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **UHLER, ROBERT B.**  
STREET ADDRESS **370 INTERLOCKEN BLVD., STE 300**  
CITY-ST-ZIP **BROOMFIELD, CO 80021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

**SIGNATURE:** *David A. Taggart* **David A. Taggart, 4/17/01, (626) 568-6829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)