

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90048 037 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 830592

1. Corporation Name
ICF KAISER ENGINEERS, INC.



Principal Place of Business
C.O.C. HATHAWAY
9300 LEE HIGHWAY
FAIRFAX VA 22031-1207
US

Mailing Address
C.O.C. HATHAWAY
9300 LEE HIGHWAY
FAIRFAX VA 22031-1207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1973

4. FEI Number

94-1567232

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

2. Principal Place of Business

21 c/o S. Little

Suite, Apt. #, etc.

22 City & State

24 Zip **25** Country

2a. Mailing Address

26 c/o S. Little

Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, DAVID	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HATHAWAY, CYNTHIA L	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEEKS, PAUL II	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARD, JAMES O	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, MICHAEL	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIPERMAS, MARC	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keith M. Price	
1.3 STREET ADDRESS	9300 Lee Highway	
1.4 CITY-ST-ZIP	Fairfax, VA 22031-1207	
2.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S. Robert Cochran	
2.3 STREET ADDRESS	9300 Lee Highway	
2.4 CITY-ST-ZIP	Fairfax, VA 22031-1207	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard A. Leupen	
4.3 STREET ADDRESS	9300 Lee Highway	
4.4 CITY-ST-ZIP	Fairfax, VA 22031-1207	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas P. Grumbly	
5.3 STREET ADDRESS	9300 Lee Highway	
5.4 CITY-ST-ZIP	Fairfax, VA 22031-1207	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard E. Nunes	
6.3 STREET ADDRESS	9300 Lee Highway	
6.4 CITY-ST-ZIP	Fairfax, VA 22031-1207	

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:

Paul Weeks
Paul Weeks, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4-28-99

Date

(703) 934-3600
Daytime Phone #

CR2E034 (11/98)