

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90061 007 ***158.75

DOCUMENT # 830592

1. Entity Name

ICF KAISER ENGINEERS, INC.

Principal Place of Business

Mailing Address

C/O S LITTLE
 9300 LEE HIGHWAY
 FARIFAX VA 22031-1207
 US

C/O S LITTLE
 9300 LEE HIGHWAY
 FARIFAX VA 22031-1207
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1567232

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, KEITH M	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, S R	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	S	<input checked="" 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	LEUPEN, RICHARD A	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUMBLY, THOMAS P	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUNES, RICHARD E	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	

TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Maiwurm	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	
TITLE	Executive Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. Robert Cochran	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaun M. Martin	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard E. Nunes	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra D. Little	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy P. O'Connor	
STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	Fairfax, VA 22031-1207	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shaun M. Martin

Date

Daytime Phone #

703/934-3279

CR2E034 (9/99)