

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90045 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 833204

1. Corporation Name
ENSR CORPORATION

Principal Place of Business

Mailing Address

**35 NAGOG PARK
ACTON MA 01720
US**

**35 NAGOG PARK
ACTON MA 01720
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1974

4. FEI Number

06-0852759

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, HANS	1.2 NAME	Petersen, Robert C.
STREET ADDRESS	35 HAGOO PARK	1.3 STREET ADDRESS	35 Nagog Park
CITY-ST-ZIP	ACTON MA 01780	1.4 CITY-ST-ZIP	Acton, MA 01720
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUL, DONALD W	2.2 NAME	
STREET ADDRESS	35 NAGOG PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNORSTER, ANTHONY	3.2 NAME	Horncastle, Anthony
STREET ADDRESS	35 NAGOG PARK	3.3 STREET ADDRESS	35 Nagog Park
CITY-ST-ZIP	ACTON MA	3.4 CITY-ST-ZIP	Acton, MA 01720
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATES, VAN	4.2 NAME	
STREET ADDRESS	35 NAGOG PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICE, EDWARD	5.2 NAME	
STREET ADDRESS	35 NAGOG PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, STEPHEN N	6.2 NAME	Cummings, Stephen N.
STREET ADDRESS	35 NAGOG PARK	6.3 STREET ADDRESS	35 Nagog Park
CITY-ST-ZIP	ACTON MA	6.4 CITY-ST-ZIP	Acton, MA 01720

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)