

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 026 ***550.00

DOCUMENT # 833204

1. Entity Name
ENSR CORPORATION

Principal Place of Business Mailing Address
~~35 NAGOG PARK~~ **2 TECHNOLOGY** ~~35 NAGOG PARK~~
~~ACTON MA 01720~~ **PARK DR.** ~~ACTON MA 01720~~ **SAME**
~~US~~ **WESTFOLD MA 01886** ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-0852759		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ROBERT C	NAME	
STREET ADDRESS	35 NAGOG PARK	STREET ADDRESS	2 TECHNOLOGY PARK DRIVE
CITY-ST-ZIP	ACTON MA 01780	CITY-ST-ZIP	WESTFOLD MA 01886
TITLE	VPS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICE, EDWARD	NAME	
STREET ADDRESS	35 NAGOG PARK	STREET ADDRESS	2 TECHNOLOGY PARK DRIVE
CITY-ST-ZIP	ACTON MA	CITY-ST-ZIP	WESTFOLD MA 01886
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULLEY, MICHAEL	NAME	
STREET ADDRESS	35 NAGOG PK	STREET ADDRESS	2 Technology PARK DRIVE
CITY-ST-ZIP	ACTON MA	CITY-ST-ZIP	Westford MA 01886
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Peterson 7-9-2001 978-589-3249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #