2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 26, 2004 8:00 am Secretary of State **DOCUMENT #833204** 01-26-2004 90018 014 ***150.00 1. Entity Name **ENSR CORPORATION** Mailing Address Principal Place of Business 2 TECHNOLOGY PARK DR. 2 TECHNOLOGY PARK DR. WESTFORD, MA 01886 WESTFORD, MA 01886 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 06-0852759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete PETERSEN, ROBERT Robert Weber NAME NAME 2 Technology Park Drive STREET ADDRESS 2 TECHNOLOGY PARK DRIVE STREET ADDRESS CITY-ST-ZIP WESTFORD, MA 01886 CITY-ST-ZIP West Ford, Ma 28810 TITLE **VPS** Delete Change ☐ Addition Kerry Adams BERNICE, EDWARD NAME NAME 2 Technology Park Drive 2 TECHNOLOGY PARK DRIVE STREET ADDRESS STREET ADDRESS westford Ma SHTY - ST - ZIP WESTFORD, MA 01886 CITY-ST-ZIP TITLE Delete TITLE ☐ Change _ Addition HULLEY, MICHAEL NAME NAME 2 TECHNOLOGY PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTFORD, MA 01886 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED