

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844709

FILED
Apr 03, 2009
Secretary of State

Entity Name: PARSONS HARLAND BARTHOLOMEW & ASSOCIATES INC.

Current Principal Place of Business:

400 WOODS MILL RD S
STE 300
CHESTERFIELD, MO 63017 US

New Principal Place of Business:

Current Mailing Address:

16055 SPACE CENTER BLVD
925 ATTN: TOLENA GRAY
HOUSTON, TX 77062 US

New Mailing Address:

16055 SPACE CENTER BLVD, STE 725
ATTN: STEVEN CHRISENBERRY
HOUSTON, TX 77062 US

FEI Number: 62-1068179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JONES, ROBERT W
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: PD () Delete
Name: SCOTT, JOHN A
Address: 100 W. WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: V () Delete
Name: BAX, ROBERT B
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: AS () Delete
Name: JOHANSON, THOMAS L
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: EVP () Delete
Name: BOWER, CURTIS A
Address: 100 WEST WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: S () Delete
Name: COLE, SUSAN
Address: 100 W. WALNUT STREET
City-St-Zip: PASADENA, CA 91124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MILLER, MATTHEW M
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DUSINA, DARRELL
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. JOHANSON

AS

04/03/2009

Electronic Signature of Signing Officer or Director

Date