SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 10 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001536249
-07/12/95--01079--029
******8.75 ******8.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **850985** **(3)**

1. Corporation Name
HILL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
ONE LEVITT PARKWAY WILLINGBORO NJ 08046	ONE LEVITT PARKWAY WILLINGBORO NJ 08046

3. Date Incorporated or Qualified: **11/10/1981**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **06-0949514** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	900001536249	☐ Change ☐ Addition
NAME	RICHTER, IRV	1.2 NAME	-07/12/95--01079--030	
STREET ADDRESS	54 FRIES LANE	1.3 STREET ADDRESS	****225.00 ****225.00	
CITY-ST-ZIP	CHERRY HILL NJ	1.4 CITY-ST-ZIP		
TITLE	TV	2.1 TITLE	SR. VP + TREASURER	☑ Change ☐ Addition
NAME	CASSANO, JAMES S	2.2 NAME	ROBERT K. MCCLAMMY	
STREET ADDRESS	1 LEVITT PARKWAY	2.3 STREET ADDRESS	1 LEVITT PARKWAY	
CITY-ST-ZIP	WILLINGBORO NJ	2.4 CITY-ST-ZIP	WILLINGBORO, NJ	
TITLE	SV	3.1 TITLE	VP, GEN COUN + SECRETARY	☑ Change ☐ Addition
NAME	COOK, JEANNE E.	3.2 NAME	DAVID L. RICHTER	
STREET ADDRESS	ONE LEVITT PARKWAY	3.3 STREET ADDRESS	1 LEVITT PARKWAY	
CITY-ST-ZIP	WILLINGBORO NJ	3.4 CITY-ST-ZIP	WILLINGBORO, NJ	
TITLE	VPC	4.1 TITLE		☐ Change ☐ Addition
NAME	EMMA, RONALD F.	4.2 NAME		
STREET ADDRESS	ONE LEVITT PARKWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	WILLINGBORO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ronald F. Emma Ronald F. Emma 6/14/95 609-871-5800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E034 (3/95)

0176645 FN