

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000002211 1. Entity Name OVE ARUP & PARTNERS MASSACHUSETTS INC.						FILED 04 DEC 13 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 955 MASSACHUSETTS AVE SUITE 402 CAMBRIDGE, MA 02139				Mailing Address 155 AVENUE OF THE AMERICAS 11TH FLOOR NEW YORK, NY 10013			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 06-1539147				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500043365045 12/13/04--01057--010 **70.00 City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, TERRANCE M 49 LANDCASTER ROAD ST. ALBANS, HERTFORDSHIRE, AL 14EP ENGL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Ashok Raji 76 Dehaven Drive YONKERS, NY 10703	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODKINSON, GREGORY S 2 PLEASANT VIEW PLACE OLD GREENWICH, CT 06870	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHABEV RAMAN 35 DEBRA DRIVE DAYTON, NJ 08810	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGIRIS, LEO 81 CAROL PLACE WAYNE, NJ 07470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIAM O'HANLON 18 SECOND AVENUE PORT WASHINGTON, NY 11050	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ANDREW S 2406 KIRSTEN LEE DRIVE WESTLAKE VILLAGE, CA 91361	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MICHAEL SOMERS LINKS COTTAGE - LINKS LANE BROADWELL, BRAINTREE, ESSEX CM7 8BS	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, DAVID 819 GARDEN STREET HOBOKEN, NJ 07030	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS - ASSISTANT SECRETARY LARRY NOLLE 388 BENE STREET #1901 SAN FRANCISCO, CA 94105	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUITER, JIM 700 COMANCHE COURT WALNUT CREEK, CA 94598	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
12. 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.							
SIGNATURE: <u>hs [Signature]</u> ASSITANT SECRETARY 11/04/04 415-957-9445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							