2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# F01000002211

Entity Name: OVE ARUP & PARTNERS MASSACHUSETTS INC.

Current Principal Place of Business:

955 MASSACHUSETTS AVE
SUITE 402
CAMBRIDGE, MA 02139

New Principal Place of Business:

Current Mailing Address:

155 AVENUE OF THE AMERICAS
11TH FLOOR
NEW YORK, NY 10013

New Mailing Address:

FEI Number: 06-1539147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PD ( ) Delete
Name: ASHOK, RAIJI
Address: 76 DEHAVEN DRIVE
City-St-Zip: YONKERS, NY 10703

Title: D ( ) Delete
Name: RAMAN, MAHADEV
Address: 35 DEBRA DRIVE
City-St-Zip: DAYTON, NJ 08810

Title: D ( ) Delete
Name: QUITER, JIM
Address: 700 COMANCHE CT
City-St-Zip: WALNUT CREEK, CA 94598

Title: ST ( ) Delete
Name: SOMERS, MICHAEL
Address: LINKS COTTAGE- LINKS LANE
City-St-Zip: BRADWELL BRAINTREE ESSEX, CM7 835

Title: AS ( ) Delete
Name: NOBLE, LARRY
Address: 388 BEALE STREET #1901
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LARRY NOBLE AS 01/30/2006

Electronic Signature of Signing Officer or Director — Date