

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003156

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** ARUP SERVICES NEW YORK LIMITED, INC.

**Current Principal Place of Business:**

155 AVENUE OF THE AMERICAS  
NEW YORK, NY 10013

**New Principal Place of Business:**

**Current Mailing Address:**

155 AVENUE OF THE AMERICAS  
FLOOR 11 ATTN LOUIS CURATOLO  
NEW YORK, NY 10013

**New Mailing Address:**

**FEI Number:** 13-3473567      **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: D ( ) Delete  
Name: HILL, TERENCE  
Address: 13 FITZROY STREET  
City-St-Zip: LONDON, UK W1T 4BQ

Title: D ( ) Delete  
Name: HODKINSON, GREGORY S  
Address: 155 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013

Title: D ( ) Delete  
Name: ARGIRIS, LEO  
Address: 155 AVENUE OF AMERICAS 13TH FLOOR  
City-St-Zip: NEW YORK, NY 10013

Title: D ( ) Delete  
Name: RAMAN, MAHADEV  
Address: 155 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013

Title: ST ( ) Delete  
Name: SOMERS, MICHAEL J  
Address: 13 FITZROY STREET  
City-St-Zip: LONDON W1T 4BQ,

Title: AS ( ) Delete  
Name: NOBLE, LAURENCE  
Address: 901 MARKET STREET, SUITE 260  
City-St-Zip: SAN FRANCISCO, CA 94103

**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:

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