

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001294

PARSONS BRINCKERHOFF ENERGY SERVICES, INC.

PB Power Inc.

Principal Place of Business	Mailing Address
ONE PENN PLAZA NEW YORK NY 10119	one penn plaza attention: K. Curi
	NEW YORK NY 1011

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90164 007 ***793.75



Principal Place of Business Mailing Address		I (BBINED IIIM thiệt littli dottt matte matte auten auten trang trang state eine rant			
·		ONE PENN PLAZA			
ONE PENN PLAZA NEW YORK NY 10119		ATTENTION: K. CURRAN			DO NOT MOUTE IN THIS ORACE
		NEW YORK NY 10119			DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualifed 04/09/1993
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Correction Applied For
21		26			13-0469800 /3-3794379 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax. Yes WNo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
0.7	CODDINETION CVCTEM		81	Name	,
	CORPORATION SYSTEM		82	2 Street Address (P.O. Box Number is Not Acceptable)	
	0 SOUTH PINE ISLAND ROAD INTATION FL 33324		83		
, FLM	MIATICIA PE 35324		03		·
			84	City	FL 85 Zip Code
11 Pursuan	t to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	s, the abov	e-named	d corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	ant Fiorida. Such charide was aut	inorizea by	the corb	poration's board of directors. I hereby accept the appointment as registered
		auons of, Section 607.0505, Floric	da Otatoles	•	
SIGNATURE	Signature typed or printed name of registered ap	ant and title if applicable. (NOTE: F	Registered Age	nt signature i	required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE		P/CD P/CD Addition
NAME	LEVY, M.S.		1.2 NAME		Fishman, R.E.
STREET ADDRESS	s 120 EIOYLSTON ST.		1.3 STREE	TADORESS	303 Second Street
CITY-ST-ZIP	BOSTON MA		1.4 CITY-S	T-ZIP	San Francisco CA 94107
TITLE	P	☐ DELETE	2.1 TITLE		SVP Change
NAME	VAN WEELE, B.J.		2.2 NAME		Mesko, J.E.
STREET ADDRESS		710	2.3 STREE	TADORESS	One Penn Plaza
CITY-ST-ZIP	SAN FRANCISCO CA		2. 4 CITY-1	ST-ZIP	37 37 37 37 37 37 37 37 37 37 37 37 37 3
TITLE	S	DELETE	3.1 TITLE		New York, N Y 10119 Change Addition
NAME	CURFIAN, K. J.		3.2 NAME		
STREET ADDRESS	ALL DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.3 STREE	T ADDRESS	3
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-:	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREE	T ADDRESS	s
CITY-ST-ZIP	-)		4.4 CITY-5		
TITLE	 	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	s		5.3 STREE	TADDRESS	s
	"		5.4 CITY- S		
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
NAME etdeet annoess	_			T ADDRESS	s
I STREET ANDRESS	& I		2.0 O 11 LL		-

14. 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 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 any attachment with any address, with all other like empowered.

SIGNATURE:

Curran

(212)465 5304