

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:44

DOCUMENT # F93000002289 (7)

1. Corporation Name  
CDM ENGINEERS & CONSTRUCTORS INC.

Principal Place of Business Mailing Address  
ONE CAMBRIDGE CENTER ONE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142 CAMBRIDGE MA 02142

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/04/1993	10/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		04-3163397	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and the registrant) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, ROBERT C	12 NAME	
STREET ADDRESS	ONE NEVIN RD	13 STREET ADDRESS	
CITY- ST- ZIP	SOUTH WEYMOUTH MA 02190	14 CITY- ST- ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, THOMAS D JR	22 NAME	
STREET ADDRESS	153 STONE ROOT LANE	23 STREET ADDRESS	
CITY- ST- ZIP	CONCORD MA 01742	24 CITY- ST- ZIP	
TITLE	DT	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMELL, PAUL G	32 NAME	
STREET ADDRESS	25 FREEPORT DRIVE	33 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON MA 01887	34 CITY- ST- ZIP	
TITLE	PD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNNICLIFFE, PETER W	42 NAME	
STREET ADDRESS	116 BENT RD	43 STREET ADDRESS	
CITY- ST- ZIP	SUDBURY MA 01776	44 CITY- ST- ZIP	
TITLE	S	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANKOWSKI, DOREEN M	52 NAME	
STREET ADDRESS	15 ANNA'S WAY	53 STREET ADDRESS	
CITY- ST- ZIP	BOXFORD MA 01921	54 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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 199.03(6)(b), Florida Statutes. I further certify that the information included 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. 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 applicable, as an attachment with an address.

SIGNATURE: *Doreen M. Zankowski* Doreen M. Zankowski 01/26/95 (617)621-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE TELEPHONE NUMBER