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 May 15 1997 8:00am
 Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # **F93000002289 (7)**
 1. Corporation Name
CDM ENGINEERS & CONSTRUCTORS INC.



Principal Place of Business ONE CAMBRIDGE CENTER 12TH FLOOR CAMBRIDGE MA 02142 US	Mailing Address ONE CAMBRIDGE CENTER 12TH FLOOR CAMBRIDGE MA 02142-1801 US
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3. Date Incorporated or Qualified 05/04/1993	3a. Date of Last Report 04/30/1996
4. FEI Number 04-3163397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
 (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, ROBERT C	1.2 NAME	
STREET ADDRESS	ONE NEVIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WEYMOUTH MA 02190	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, THOMAS D JR	2.2 NAME	
STREET ADDRESS	153 STONE ROOT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA 01742	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMELL, PAUL G.	3.2 NAME	
STREET ADDRESS	25 FREEPORT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON MA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNNICLIFFE, PETER W	4.2 NAME	
STREET ADDRESS	116 BENT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01778	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANKOWSKI, DOREEN M	5.2 NAME	
STREET ADDRESS	15 ANNA'S WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOXFORD MA 01921	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, ROBERT J	6.2 NAME	
STREET ADDRESS	85 JERUSALEM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COHASSETT MA	6.4 CITY-ST-ZIP	

14. I do 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 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, partnership, or trust, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes; and that my name and address is as shown above.

SIGNATURE: **ROBERT W. McARTHUR** **REQUIRED** **4/29/97 (617)621-8181**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)