


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90075 010 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002289

1. Corporation Name
CDM ENGINEERS & CONSTRUCTORS INC.

Principal Place of Business ONE CAMBRIDGE CENTER CAMBRIDGE MA 02142 US	Mailing Address 1331 17TH ST., STE. 1200 DENVER CO 80202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	25
29	30

3. Date Incorporated or Qualified 05/04/1993	
4. FEI Number 04-3163397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MARINI, ROBERT C	
STREET ADDRESS	ONE NEVIN RD	
CITY-ST-ZIP	SOUTH WEYMOUTH MA 02190	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SWATIK, MARK A	
STREET ADDRESS	5 WILLOW OAK	
CITY-ST-ZIP	LITTLETON CO 80127	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMELL, PAUL G.	
STREET ADDRESS	25 FREEPORT DRIVE	
CITY-ST-ZIP	WILMINGTON MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUNNICLIFFE, PETER W	
STREET ADDRESS	116 BENT RD	
CITY-ST-ZIP	SUDBURY MA 01776	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZANKOWSKI, DOREEN M	
STREET ADDRESS	15 ANNA'S WAY	
CITY-ST-ZIP	BOXFORD MA 01921	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTON, ROBERT J	
STREET ADDRESS	85 JERUSALEM ROAD	
CITY-ST-ZIP	COHASSETT MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an attachment with an address with all other like empowered.

SIGNATURE: _____ 1/13/99 303-298-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

282976-90075-10
F93000002289

CDM Engineers & Constructors Inc.

A Subsidiary of Camp Dresser & McKee Inc.

design/build
general contracting
equipment fabrication

1331 17th Street, Suite 1200
Denver, Colorado 80202
Tel: 303 298-1311 Fax: 303 298-9886

Subject: CDM Engineers & Constructors Inc. Officers

President	Peter W. Tunnicliffe 116 Bent Road Sudbury, MA 01776
Sr. Vice President	Mark A. Swatek 5 Willow Oak Drive Littleton, CO 80127
Treasurer	Paul G. Camell 25 Freeport Drive Wilmington, MA 01776
Assistant Treasurer	Robert J. Anton 85 Jerusalem Road Cohasset, MA 02025
Clerk	Doreen M. Zankowski 15 Anna's Way Boxford, MA 01921
Assistant Clerk	James S. Lackman 59 Hutchinson Drive Marlborough, MA 01752