## 2000 UNIFORM BUSINESS REPORT (UBR)

				<del></del> -		. ;		
DOCUMENT # F9300002289  1. Entity Name					FILED			
CDM EN	GINEERS & CONSTRUCTOR	IS INC.					25	
Principal Place	e of Business	Mailing Address				NIS AMIO:		
ONE CAMBRIDGE CENTER		1331 17TH ST., STE. 1200			SECR	ETARY OF ST HASSEE, FLO	RIDA	
CAMBRIDGE MA US	02142	DENVER CO 80202-1595			IALLA	HVOOT	•	
2 Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			######################################			
					······	·	oplied For	
City & State		City & State		4.	04-3163397	No	الساء الربي 🗚 to	
Zip	Country	Zip	Country	1 _	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Reg	istered Agent		
C T CORPORATION SYSTEM			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	South Pine Island Road Itation FL 33324					<u> </u>		
			City			FL Zip Cod		
8. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered a	gent, or both, in the State of Floric	da.		
SIGNATURE _								
	Signature, typed or printed name of registered agent	<del> ,</del>	E: Registered Agent signat		reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tax file May 1, 2000  Make Check Payable			•	550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>		00 May Be d to Fees	
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFFIC			
TITLE NAME	CD MARINI, ROBERT C	Delete	TITLE NAME	S  Mario	Marcaccio	☐ Change	<b>⊠</b> ·::":	
STREET ADDRESS	ONE NEVIN RD		STREET ADDRESS	Į.	wshare Court			
CITY-ST-ZIP	SOUTH WEYMOUTH MA 02190		CITY-ST-ZIP		eld, MA 02048	X Change		
titlé Name	VP SWATIK, MARK A	☐ Delete ·	TITLE NAME	VP  Swatek	, Mark A.	M Change	نـا	
STREET ADDRESS CITY-ST-ZIP	5 WILLOW OAK	•	STREET ADDRESS CITY-ST-ZIP	1	ow Oak			
TITLE	LITTLETON CO 80127	☐ Delete	TITLE	Little	ton, CO 80127	Change		
NAME -	CAMELL, PAUL G.	مين د ميلاهم د ميند د د د د د د د د د د د د د د د د د د	NAME. — <del>: —</del>		Carried and Carried Commence		<del></del>	
STREET ADDRESS  CITY-ST-ZIP	25 FREEPORT DRIVE WILMINGTON MA		STREET ADDRESS CITY-ST-ZIP		3000031		6	
TITLE	PD PD	☐ Delete	TITLE	<del>-</del>	-01/26/(	10-75-014-15(1 1-75	134	
NAME	TUNNICLIFFE, PETER W		NAME STREET ADDRESS	1	*****130	. jon கக்கக் 13	10.10	
STREET ADDRESS CITY-ST-ZIP	116 BENT RD SUDBURY MA_01776	•	CITY-ST-ZIP					
TITLE	S	<b>X</b> Delete	TITLE	Asst.		☐ Change	<u> </u>	
NAME STREET ADDRESS	ZANKOWSKI, DOREEN M		NAME STREET ADDRESS		Marlea A. uth High Street			
CITY-ST-ZIP	15 ANNA'S WAY Boxford Ma 01921		CITY-ST-ZIP		. CO 80209			
TITLE	D	☐ Delete	TITLE			☐ Change		
NAME STREET ADDRESS	ANTON, ROBERT J		NAME STREET ADDRESS	1				
CITY-ST-ZIP	85 JERUSALEM ROAD		CITY-ST-ZIP	}				
13. I hereby d	certify that the information supplied with	n this filing does not qualify fo	or the exemption sta	ited in Section	119.07(3)(i), Florida Statutes. I fu	rther certify that the i	nformation	

indicated on this report of supplied with this reing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this report of suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

303-298-131L Daytime Phone #