

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # F93000002289

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
04-3163397

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/27/2001**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON ROBERT J <input type="checkbox"/> Delete 85 JERUSALEM ROAD COHASSETT MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TICHY MARLEA A <input type="checkbox"/> Delete 960 SOUTH HIGH STREET DENVER CO 80209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNNICLIFFE PETER W <input type="checkbox"/> Delete 116 BENT RD SUDBURY MA 01776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMELL PAUL G. <input type="checkbox"/> Delete 25 FREEPORT DRIVE WILMINGTON MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWATEK MARK A <input type="checkbox"/> Delete 5 WILLOW OAK LITTLETON CO 80127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARACCIO MARIO <input type="checkbox"/> Delete 20 PLOWSHARE COURT MANSFIELD MA 02048

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANTON ROBERT J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 JERUSALEM ROAD COHASSETT MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCKLEY CATHI L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9835 SILVER MAPLE ROAD HIGHLANDS RANCH CO 80129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURATOVICH-COLLINS JACQUELIN C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 724 JEFFERSON LOUISVILLE CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELIN BURATOVICH-COLLINS VP **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)