

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002289

Entity Name: CDM CONSTRUCTORS INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

ONE CAMBRIDGE PLACE
50 HAMPSHIRE STREET
CAMBRIDGE, MA 02139 US

New Principal Place of Business:

Current Mailing Address:

555 17TH ST.
SUITE 1100
DENVER, CO 80202

New Mailing Address:

FEI Number: 04-3163397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MARACCIO, MARIO
Address: 20 PLOWSHARE COURT
City-St-Zip: MANSFIELD, MA 02048

Title: VP () Delete
Name: SLOVARP, RICHARD A
Address: 1862 BEAR CREEK COVE
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: ANTON, ROBERT J
Address: 85 JERUSALEM RD.
City-St-Zip: COHASSET, MA 02025

Title: PD () Delete
Name: SHEA, PAUL R
Address: 1191 HUDSON ST
City-St-Zip: DENVER, CO 80220

Title: AS () Delete
Name: SCOTT, LYNELL L
Address: 10893 BULLOCK CT
City-St-Zip: PARKER, CO 80134

Title: AS () Delete
Name: GADBERRY, CRAIG A
Address: 3873 CALEDONA AVENUE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNELL L. SCOTT

AS

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date