

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002289

Entity Name: CDM CONSTRUCTORS INC.

FILED
Jan 12, 2012
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

OFFICERS AND DIRECTORS:

Title: S
Name: MARACCIO, MARIO
Address: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: VP
Name: SLOVARP, RICHARD A
Address: 2301 MAITLAND CENTER PARKWAY #300
City-St-Zip: MAITLAND, FL 32751

Title: T
Name: ANTON, ROBERT J
Address: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET.
City-St-Zip: CAMBRIDGE, MA 02139

Title: PD
Name: SHEA, PAUL R
Address: 555 17TH STREET SUITE 1100
City-St-Zip: DENVER, CO 80202

Title: AS
Name: SCOTT, LYNELL L
Address: 555 17TH STREET, SUITE 1100
City-St-Zip: DENVER, CO 80202

Title: AS
Name: GADBERRY, CRAIG A
Address: 2301 MAITLAND CENTER PARKWAY #300
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: LYNELL L SCOTT

AS

01/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date