PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DIVISI

## DOCUMENT # F9300005133

TETRA TECH EM INC.

Principal Place of Business 200 E. RANDOLPH

#4700 CHICAGO IL 60601 Mailing Address

630 N ROSEMEAD BLVD PASADENA CA 91107

US

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90017 010 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/12/1993

2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number		L A	opiled For	1
21				62-1080561		No	ot Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Ū∕	\$8.75 Additional Fee Required			
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be	.]≂
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip Country			8. This corporation owes the curre	ent year Inta	ıngible		
24	25 29 30				Personal Property Tax.	· ·	Yes	□No	
9. Name and Address of Current Registered Agent			<del></del>		10. Name and Address of New R	egistered A	lgent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81	Name					1
			82	Stroet Addre	ses /P.O. Boy Number is Not Accepta	hle)	-		1
			02	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						1
							Table 30		┨
			84	84 City FL 85 Zip Co					
11 Dursuant	to the provisions of Sections 607,0502	and 607 1508. Florida Statute	s the above	-named corpo	ration submits this statement for the	nurnose of	changing its	registered	1
office or r	enistered agent or both in the State of	Elorida, Such change was au	thorized by	the corporation	n's board of directors. I hereby accep	t the appoin	itment as re	egistered	1
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Figh	da Statutes						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if nonlicable (NOTE:	Registered Agen	t signature required	when reinstating)	DATE			].
12.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12	]
TITLE	PD	☐ DELETE	1.1 TITLE			,	☐ Change	☐ Addition	
NAME	BRISBIN, THOMAS D		1.2 NAME	1					Ė
STREET ADDRESS	and the property of the proper			ADDRESS					
CITY-ST-ZIP	PASADENA CA 91107			-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	Addition	13
NAME	CHOW, DANIEL T			\					\
STREET ADDRESS	1			ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA 94105			T-ZIP					ŀ
_TITLE	=S====================================	DELETE	3.1.TITLE				Change		]_
NAME	LEMON, RICHARD A.		3.2 NAME						
STREET ADDRESS	630 N ROSEMEAD BLVD		3.3 STREET	ADORESS					
CITY-ST-ZIP	PASADENA CA		3.4. CITY-S	T-71P					
TITLE	CFO	☐ DELETE	4.1 TITLE	· = · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	1
NAME	VAN OSTEN, ROBERT J.		4. 2 NAME						
STREET ADDRESS	200 E RANDOLPH DR, STE 4700	)	4.3 STREET	ADDRESS					1
CITY-ST-ZIP	CHICAGO IL	•	4.4 CITY-S	r-ziP					
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	1
NAME	HWANG, LI-SAN		5.2 NAME						
STREET ADDRESS	630 N ROSEMEAD BLVD		5.3 STREET	ADDRESS					
CITY-ST-ZIP	PASADENA CA		5.4 CITY-S	r-ZIP					1
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	r-ZIP					_[
<b>-</b>									_

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

1.22.99

626.351.4664

Daytime