

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005133

1. Entity Name

TETRA TECH EM INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90115 001 ***317.50

Principal Place of Business

Mailing Address

200 E. RANDOLPH
#4700
CHICAGO IL 60601
US

630 N ROSEMEAD BLVD
PASADENA CA 91107-2101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1080561

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISBIN, THOMAS D		NAME	LI-SAN HWANG	
STREET ADDRESS	630 N ROSEMEAD BLVD		STREET ADDRESS	670 N. ROSEMEAD BLVD	
CITY-ST-ZIP	PASADENA CA 91107		CITY-ST-ZIP	PASADENA CA 91107	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOW, DANIEL T		NAME		
STREET ADDRESS	135 MAIN STREET, STE 1800		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94105		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON, RICHARD A.		NAME		
STREET ADDRESS	630 N ROSEMEAD BLVD		STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN OSTEN, ROBERT J.		NAME		
STREET ADDRESS	200 E RANDOLPH DR, STE 4700		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HWANG, LI-SAN		NAME		
STREET ADDRESS	630 N ROSEMEAD BLVD		STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Richard A. Lemmon

RICHARD A. LEMMON

4.18.00

626.351.4664 x404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)