## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003715

Entity Name: PARSONS BRINCKERHOFF INTERNATIONAL, INC.

FILED Feb 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 465 SPRING PARK PL ONE PENN PLAZA HERNDON, VA 20170 US NEW YORK, NY 10119 US **Current Mailing Address: New Mailing Address:** TWO GATEWAY PLAZA ATT: K. CICHY, 18TH FLOOR NEWARK, NJ 07102 FEI Number: 22-2105093 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHD () Delete Title: (X) Change ( ) Addition Name: SCRADER, R Name: SCRADER, RICHARD ONE PENN PLAZA ONE PENN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10119 US City-St-Zip: NEW YORK, NY 10119 US SVP Title: Title: ( ) Delete () Change () Addition Name: KOHLER, CHARLES Name: ONE PENN PLAZA Address: Address: NEW YORK, NY 10119 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition PIERSON, GEORGE J PALUMBO, LISA Name: Name: ONE PENN PLAZA ONE PENN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10119 US City-St-Zip: NEW YORK, NY 10119 US Title: SVP ( ) Delete Title: SVP (X) Change ( ) Addition JOHINKE, BRUCE JOHINKE, BRUCE Name: Name: Address: ONE PENN PLAZA Address: LEVEL 27, 680 GEORGE ST., City-St-Zip: NEW YORK, NY 10119 US City-St-Zip: SYDNEY, NS 2000 AU Title: Title: () Delete () Change () Addition DEFEIS, THOMAS G Name: Name: ONE PENN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10119 US City-St-Zip: Title: () Delete Title: () Change () Addition BRAY, MATTHEW Name: Name: ONE PENN PLAZA Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10119 US

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: THOMAS G. DEFEIS AS 02/06/2009