SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002123 (6)**

1. Corporation Name
FUGRO ENVIRONMENTAL, INC.

Principal Place of Business	Mailing Address
PO BOX 740010 HOUSTON TX 77274	PO BOX 740010 HOUSTON TX 77274

3. Date Incorporated or Qualified: **05/01/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **76-0266599** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when executing) DATE
Signature, type or print name of filing Officer and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENING, ROBERT G		1.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEHDIRATTA, RAI		2.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, STEVEN		3.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, RON G		4.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, MARGARET M		5.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, G.J.		6.2 NAME		
STREET ADDRESS	6100 HILLCROFT, #300		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77081		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret M Baker 6-20-96 713-773-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGARET M BAKER