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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F95000004137 (4)

GZA GEOENVIRONMENTAL, INC.

| Principal Plac | ce of Business | Mailing Address | | | | ***** | | 1111 1941 1941 | |
|--|--|---------------------------------------|-------------------------------|-----------|----------------------------------|--|--------------|--------------------------------|--|
| 320 NEEDHAM ST. NEWTON UPPER FALLS MA 02164 | | LEGAL ASSISTANT 320 NEEDHAM STREET | | | | | | | |
| NEWTON UP | PEN FALLS MA USION | NEWTON UPPER FALLS MA 02164 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | US | | • | | 3. Date Incorporated or Qualified | 1 | | |
| | | | | | | 08/28/1995 | | | |
| · · | Place of Business | 2s. Mailing Address | | | 4. FEI Number | | A | pplied For | |
| 21 | | 26 | | | | 04-2393851 | | | ot Applicable |
| Suite, Apt. | . #, e1C. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional lequired | |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | | | . |
| 23 | | 28 | | | | Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Cou | ıntry | | 8. This corporation owes or has | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due Ju | | | No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New I | legistere | d Agent | |
| TH | IE PRENTICE-HALL CORPORATIO | ON SYSTEM, INC. | | 81 | Name | | | | |
| 1201 HAYS STREET | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| | JITE 105 | | | Щ | | , , | | | |
| TA | LLAHASSEE FL 32301 | | | 83 | | | | | |
| 1 | | | | 84 | City | | | 85 Zip | Code |
| 44 Durayant | to the provisions of Continue CO7 DEO | 2 and 607 1609 Florida Cta | dutos the o | | nomed oor | reaction submits this statement for the | F | | ita ragiatarad |
| office or i | registered agent, or both, in the State | of Florida. Such change wa | itutes, the a as authorize | d by | the corpora | poration submits this statement for the ation's board of directors. I hereby acc | ept the a | on changing i ppointment as | registered |
| agent. I a | am familiar with, and accept the obliga- | ations of, Section 607.0505, | Florida Stal | tutes | i., | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ot and tille il applicable (| UOTE: Bagretora | d Acor | nt eignotute tegu | uired when reinstating) | DATE | | |
| 12. | OFFICERS ANI | | 13, | u Age | in algriatore requ | ADDITIONS/CHANGES TO OFF | | ND DIRECTOR | RS IN 12 |
| TITLE | PD | PD DELETE 1.1 | | 1.1 TITLE | | | | Change | Addition |
| NAME | PAJAK, ANDREW P | | 1.2 N/ | AME | | | | | |
| STREET ADDRESS | 320 NEEDHAM STREET | | 1.3 \$1 | REET . | ADDRESS | | | | |
| CITY-ST-ZIP | NEWTON UPPER FALLS MA | | 1.4 C | TY-SI | T-ZIP | | | | |
| TITLE | V | ☐ DELETE | 21 TI | TLE . | | | | ☐ Change | Addition |
| NAME | AYRES, JOHN E | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 320 NEEDHAM ST. | | 2.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | NEWTON UPPER FALLS MA | · · · · · · · · · · · · · · · · · · · | 2.4 C | ITY - S | T - ZIP | | | | |
| TITLE | V | ☐ DELE TE | 3.1 Ti | TLE | | | | Change | Addition |
| NAME | SIMON, RICHARD M | | 3.2 N/ | AME | | | | | |
| STREET ADDRESS | 320 NEEDHAM ST. | **** | 3.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | NEWTON UPPER FALLS MA | | 3.4. C | | | | | ~~~~~ | ************************************** |
| TITLE | - | | 4.1 TI | | | Secretary | | Change | X Addition |
| NAME | THOMPSON, HELGA F | | 4. 2 N | | _ l _ | Simon, Richard M. | | | |
| STREET ADDRESS | 320 NEEDHAM STREET | | | | | 320 Needham Street | | | |
| CITY-ST-ZIP | | | | | | Newton Upper FAlls, N | <u>la 02</u> | 2164 | gaussa |
| TITLE | l Y | | 5.1 TII | | | | | Change | ☐ Addition |
| NAME | HEHIR, JOSEPH P | | 5.2 NA | | | | | | |
| STREET ADDRESS | 320 NEEDHAM ST. | 00104 | | | ADDRES\$ | | | | |
| CITY-ST-ZIP | NEWTON UPPER FALLS MA | UZ 164 | 5.4 00 | | - ZIP | | | Change | Addition |
| TITLE | • | ☐ NETELE | 6.1 1(1 | | | | | Change | LI NOUIIUII |
| NAME | CEU, M J | | 6.2 NA | | | | | | |
| STREET ADDRESS | 320 NEEDHAM STREET | | 6.3 ST | HEET A | ADDRESS | | | | |

14. Thereby 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 of applemental annual report of 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 of trustruction indicated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with a fastiress.