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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90012 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004137

1. Corporation Name

GZA GEOENVIRONMENTAL, INC.

Principal Place of Business

**320 NEEDHAM ST.
NEWTON UPPER FALLS MA 02164**

Mailing Address

**LEGAL ASSISTANT
320 NEEDHAM STREET
NEWTON UPPER FALLS MA 02164
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

04-2393851

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

02464

25

29 Zip Country

02464

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PAJAK, ANDREW P**
STREET ADDRESS **320 NEEDHAM STREET**
CITY-ST-ZIP **NEWTON UPPER FALLS MA**

TITLE **V** ☐ DELETE

NAME **AYRES, JOHN E**
STREET ADDRESS **320 NEEDHAM ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS MA 02164**

TITLE **V** ☐ DELETE

NAME **SIMON, RICHARD M**
STREET ADDRESS **320 NEEDHAM ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS MA 02164**

TITLE **S** ☐ DELETE

NAME **SIMON, RICHARD M**
STREET ADDRESS **320 NEEDHAM ST**
CITY-ST-ZIP **NEWTON UPPER FALLS MA 02164**

TITLE **T** ☐ DELETE

NAME **HEHIR, JOSEPH P**
STREET ADDRESS **320 NEEDHAM ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS MA 02164**

TITLE **V** ☐ DELETE

NAME **CELI, M J**
STREET ADDRESS **320 NEEDHAM STREET**
CITY-ST-ZIP **NEWTON UPPER FALLS MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 OFFICER OR DIRECTOR

Richard M. Simon

1/11/99

(617)630-6244

Date

Daytime Phone #

CR2E034 (11/98)