2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003493

1. Entity Name
THORNTON TOMASETTI, INC.

Principal Place of Business	Mailing Address
51 MADISON AVE NEW YORK, NY 10010	51 MADISON AVE NEW YORK, NY 10010

04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1251070
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDM
NAME	CUOCO, DANIEL A
STREET ADDRESS	641 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	GCVD
NAME	DENNIS, M. STEPHEN
STREET ADDRESS	641 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	EVDM
NAME	DESCENZA, ROBERT P
STREET ADDRESS	14 EAST JACKSON BOULEVARD
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	SV
NAME	BAST, WILLIAM D
STREET ADDRESS	14 EAST JACKSON BOULEVARD
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	DCT
NAME	TOMASETTI, RICHARD L
STREET ADDRESS	641 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	DSVP
NAME	SCARANGELLO, THOMAS Z
STREET ADDRESS	641 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10011

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05/25/07-80031-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Stephen Dennis 4/23/07 917.661.7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #