2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003493

Entity Name: THORNTON TOMASETTI, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
51 MADISON AVE NEW YORK, NY 10010					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
51 MADISO NEW YORK	N AVE (, NY 10010				
FEI Number:	13-1251070	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 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
Election Cam		Signature of Registered Agent Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PDM ()[CUOCO, DANIEL 51 MADISON AVI NEW YORK, NY	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GCVD () [DENNIS, M. STE 51 MADISON AV NEW YORK, NY	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVDM () DESCENZA, ROI 51 MADISON AV NEW YORK, NY	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SV () [BAST, WILLIAM 14 EAST JACKS CHICAGO, IL 60	ON BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DCT () I TOMASETTI, RIC 51 MADISON AV NEW YORK, NY	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DSVP ()[SCARANGELLO, 51 MADISON AV NEW YORK, NY	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: M. STEPHEN DENNIS GCVD 01/14/2009