

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006036

FILED
Feb 06, 2009
Secretary of State

Entity Name: PARSONS BRINCKERHOFF GROUP ADMINISTRATION, INC.

Current Principal Place of Business:

ONE PENN PLAZA
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

TWO GATEWAY CENTER
ATT: K. CICHY, 18TH FLOOR
NEWARK, NJ 07102 US

New Mailing Address:

FEI Number: 91-0852417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FABIO, J
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: V () Delete
Name: O'CONNER, PAUL
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: P () Delete
Name: SHERIDAN, PATRICK
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: S () Delete
Name: DEFEIS, THOMAS G
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: D () Delete
Name: FISHER, MICHAEL
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FABIO, JOAN
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHERIDAN, PATRICK
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS G. DEFEIS

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02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date