

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90330 009 \*\*\*558.75

0670213 AB

**DOCUMENT # F98000000207**

1. Entity Name

TETRA TECH-NUS, INC.



Principal Place of Business

670 N. ROSEMEAD BLVD.  
PASADENA CA 91107

Mailing Address

670 N. ROSEMEAD BLVD.  
PASADENA CA 91107

2. Principal Place of Business

3475 E. Foothill Blvd

Suite, Apt. #, etc.

3. Mailing Address

3475 E. Foothill Blvd

Suite, Apt. #, etc.

City & State

Pasadena CA

City & State

Pasadena CA

Zip

Country

91107 U.S.

Zip

Country

91107 U.S.

4. FEI Number

95-4660169

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HWANG, LI-SAN	
STREET ADDRESS	670 N. ROSEMEAD BLVD.	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEMMON, RICHARD A	
STREET ADDRESS	670 N. ROSEMEAD BLVD.	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	T	<input type="checkbox"/> Delete
NAME	JASKA, JAMES M	
STREET ADDRESS	670 N. ROSEMEAD BLVD.	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	P	<input type="checkbox"/> Delete
NAME	SENOVICH, DONALD	
STREET ADDRESS	FOSTER PLAZA VII. 661 ANDERSEN DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3475 E. Foothill Blvd.	
CITY-ST-ZIP	Pasadena CA 91107	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3475 E. Foothill Blvd.	
CITY-ST-ZIP	Pasadena CA 91107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**REMARK: REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Lemmon

Date

Daytime Phone #

CR2E034 (10/02)