
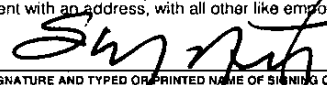


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000001104 1. Entity Name ARCADIS G&M, INC.					
Principal Place of Business 630 PLAZA DRIVE SUITE 200 HIGHLAND RANCH, CO 80129			Mailing Address 630 PLAZA DRIVE - ATT: LEGAL DEPARTMENT SUITE 200 HIGHLAND RANCH, CO 80129		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 57-0373224	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$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			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLAKE, STEVEN B 630 PLAZA DRIVE, SUITE 200 HIGHLANDS RANCH, CO 80129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stephen J. Stewart 1650 Prudential Dr., Dupont Ctr. Suite 400 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRED MYERS, MICHAEL L 630 PLAZA DRIVE, SUITE 200 HIGHLANDS RANCH, CO 80129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John J. McDonnell c/o Coagulation Diagnostics, Inc. Air Rights Ctr., St.#620 4600 East West Highway Bethesda, MD 20814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHOUINARD, JOHN J 630 PLAZA DRIVE, SUITE 200 HIGHLANDS RANCH, CO 80129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 000057315420 07/12/05--01010--008 **\$61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DEAN C 630 PLAZA DRIVE, SUITE 200 HIGHLANDS RANCH, CO 80129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACHO, ZOLTAN A 1333 JONES, STE 408 SAN FRANCISCO, CA 94109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 			Steven J. Niparko/Secretary 720-344-3500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

05 JUN 27 AM 11:20

SECRET
TALLAHASSEE



06142005 Chg-P CR2E034 (10/03)