

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90031 045 \*\*\*158.75

**C0037456**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # F98000005684**

1. Entity Name

**DAMES & MOORE, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**100 California Street**

3. Mailing Address

**same**

Suite, Apt. #, etc.

**Suite 500**

Suite, Apt. #, etc.

City &amp; State

**San Francisco, CA**

City &amp; State

Zip

**94111**

Country

**USA**

Zip

Country

4. FEI Number

**95-4675330**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		SEE ATTACHED LIST	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**Carol Brummerstedt**

Assistant Secretary

415-774-2700

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attach.  
 0037456  
 #F98000005684

DAMES & MOORE, INC. / DOCUMENT # F98000005684

11. OFFICERS & DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11	
Title Name Street Address City-State-ZIP	PD Darrow, Arthur C 911 Wilshire Blvd., Suite 700 Los Angeles, CA	<input checked="" type="checkbox"/> Delete	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-State-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rosenstein, Irwin L. One Penn Plaza, Suite 610 New York, NY 10119
Title Name Street Address City-State-ZIP	SD Snell, Mark A 911 Wilshire Blvd., Suite 700 Los Angeles, CA	<input checked="" type="checkbox"/> Delete	2.1 Title 2.2 Name 2.3 Street Address 2.4 City-State-ZIP	EVP/S/CF/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ainsworth, Kent A. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	AS Long, George W 911 Wilshire Blvd., Suite 700 Los Angeles, CA	<input checked="" type="checkbox"/> Delete	3.1 Title 3.2 Name 3.3 Street Address 3.4 City-State-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brummerstedt, Carol 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	4.1 Title 4.2 Name 4.3 Street Address 4.4 City-State-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koffel, Martin M. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	5.1 Title 5.2 Name 5.3 Street Address 5.4 City-State-ZIP	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Masters, Joseph 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	6.1 Title 6.2 Name 6.3 Street Address 6.4 City-State-ZIP	V/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pedalino, Peter J. One Mack Centre Drive Paramus, NJ 07652
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City-State-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jorgensen, Cynthia 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City-State-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sanner, Paul J. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP		<input type="checkbox"/> Delete	12.1 Title 12.2 Name 12.3 Street Address 12.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition