

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000000988

FILED
Oct 23, 2007
Secretary of State**Entity Name:** ARCADIS G&M OF MICHIGAN, LLC**Current Principal Place of Business:**28550 CABOT DRIVE
SUITE 500
NOVI, MI 48034**New Principal Place of Business:****Current Mailing Address:**630 PLAZA DRIVE, SUITE 200
ATTN: LEGAL DEPARTMENT
HIGHLANDS RANCH, CO 80129 23**New Mailing Address:****FEI Number:** 38-3666985**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

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: COATES, GARY E MANAGER
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: EVP () Delete
Name: CHOUINARD, JOHN J CFO
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: SEC () Delete
Name: NIPARKO, STEVEN J SEC.
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: EVP () Delete
Name: CRAMER, CURT
Address: CADILLAC TWR., 65 CADILLAC SQUARE, #2719
City-St-Zip: DETROIT, MI 48226 US

Title: VP () Delete
Name: SWEARINGEN, DALE
Address: 520 SOUTH MAIN STREET, SUITE 2400
City-St-Zip: AKRON, OH 44311 US

Title: MGR () Delete
Name: HOFFMAN, GARY L MGR
Address: 1100 SUPERIOR AVENUE, SUITE 1250
City-St-Zip: CLEVELAND, OH 44114 US

ADDITIONS/CHANGES:

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

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

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

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

Title: VP (X) Change () Addition
Name: NARAYAN, SARADENDU
Address: 1650 PRUDENTIAL DR., DUPONT CTR, STE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVE NIPARKO

SEC

10/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date