

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 01, 2011
Secretary of State

Entity Name: ARCADIS G&M OF MICHIGAN, LLC

Current Principal Place of Business:

65 CADILLAC SQUARE, CADILLAC TOWER
SUITE 2719
DETROIT, MI 48226

New Principal Place of Business:

Current Mailing Address:

ATTN: KIM BATTLES
P.O. BOX 66
SYRACUSE, NY 13214

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
Name: CRAMER, CURT E MANAGER
Address: 65 CADILLAC SQUARE, CADILLAC TOWER
City-St-Zip: DETROIT, MI 48226 US

Title: EVP
Name: LYNCH, EDWARD R EXEC VP
Address: 11000 REGENCY PARKWAY WEST TOWER
City-St-Zip: CARY, NC 27518 US

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

Title: VP
Name: JOHNSON, GARY W VICE PR
Address: 520 SOUTH MAIN STEET, SUITE 2400
City-St-Zip: AKRON, OH 44311 US

Title: VP
Name: WALKER, WARREN
Address: 9861 BROKEN LAND PARKWAY, SUITE 254
City-St-Zip: COLUMBIA, MD 21046 US

Title: MGR
Name: TRIVEDI, ROTHITKUMAR L MGR
Address: 65 CADILLAC SQUARE, CADILLAC TWR, STE 2719
City-St-Zip: DETROIT, MI 48226 US

I hereby 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: STEVEN J. NIPARKO

SEC

05/01/2011

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