

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 24, 2012
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:

1001 WOODWARD
#400
DETROIT, MI 48226

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: HOEKSEMA, AMY MANAGER
Address: 10559 CITATION DRIVE SUITE 100
City-St-Zip: BRIGHTON, MI 48116 US

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

Title: SEC
Name: NIPARKO, STEVEN J SEC.
Address: 630 PLAZA DRIVE, SUITE 100
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: VP
Name: MCBURNEY, LOWELL W VICE PR
Address: 6723 TOWPATH RD.
City-St-Zip: SYRACUSE, NY 13214 US

Title: VP
Name: SAUNDERS, BRADLEY A
Address: 10559 CITATION DRIVE SUITE 100
City-St-Zip: BRIGHTON, MI 48116 US

Title: VP
Name: COTE, EDWARD L
Address: 10559 CITATION DRIVE SUITE 100
City-St-Zip: BRIGHTON, MI 48116 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: AMY HOEKSEMA

MGR

04/24/2012

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