

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 15 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P09342

(7)

1. Corporation Name

METCALF & EDDY SERVICES, INC.

Principal Place of Business

30 HARVARD MILL SQUARE  
WAKEFIELD MA 01880

Mailing Address

PROFESSIONAL SERVICES GROUP INC.  
14950 HEATHROW FOREST PKWY., #200  
HOUSTON TX 77032  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1986

4. FEI Number

04-2511304

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
MCAHON, PATRICK L  
STREET ADDRESS 14950 HEATHROW FOREST PKWY., STE 200  
CITY- ST- ZIP HOUSTON TX

TITLE ☐ DELETE

NAME VP  
RICHARDSON, KENT S  
STREET ADDRESS 14950 HEATHROW FOREST PKWY., STE 200  
CITY- ST- ZIP HOUSTON TX

TITLE ☐ DELETE

NAME SD  
MCEWING, DAVID L  
STREET ADDRESS 14950 HEATHROW FOREST PKWY., STE 200  
CITY- ST- ZIP HOUSTON TX

TITLE ☐ DELETE

NAME VP  
BLACK, ROBERT C  
STREET ADDRESS 14950 HEATHROW FOREST PKWY., STE 200  
CITY- ST- ZIP HOUSTON TX

TITLE ☐ DELETE

NAME VT  
BRUNAS, ALAIN  
STREET ADDRESS 170 E 87 ST., APT. 10A  
CITY- ST- ZIP NEW YORK NY

TITLE ☐ DELETE

NAME VP  
HERBST, DOUGLAS K  
STREET ADDRESS 14950 HEATHROW FOREST PKWY., STE 200  
CITY- ST- ZIP HOUSTON TX

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]* V.P.

4-9-98

CR2E034 (10/97)