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Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90053 044 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09342

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCMAHON, PATRICK L	
STREET ADDRESS	14950 HEATHROW FOREST PKWY., STE 200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARDSON, KENT S	
STREET ADDRESS	14950 HEATHROW FOREST PKWY., STE 200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCEWING, DAVID L	
STREET ADDRESS	14950 HEATHROW FOREST PKWY., STE 200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACK, ROBERT C	
STREET ADDRESS	14950 HEATHROW FOREST PKWY., STE 200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRUNAIS, ALAIN	
STREET ADDRESS	170 E 87 ST., APT. 10A	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HERBST, DOUGLAS K	
STREET ADDRESS	14950 HEATHROW FOREST PKWY., STE 200	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THURMAN WILSON	
1.3 STREET ADDRESS	30 HARVARD MILL SQUARE	
1.4 CITY-ST-ZIP	WAKEFIELD, MA 01880	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCOTT SCHNAUG	
3.3 STREET ADDRESS	14950 HEATHROW FOREST PKWY., SUITE 200	
3.4 CITY-ST-ZIP	HOUSTON, TX 77032	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILFRED WILSON	
6.3 STREET ADDRESS	14950 HEATHROW FOREST PKWY., SUITE 200	
6.4 CITY-ST-ZIP	HOUSTON, TX 77032	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)