

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P12748

(0)

1. Corporation Name

VERITAS DGC LAND INC.

Principal Place of Business

Mailing Address

235 EXCELL DRIVE
PEARL MS 39208

P.O. BOX 88159
JACKSON MS 39208-8159



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/31/1986	03/19/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		64-0737426	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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	V	1.1 TITLE	D
NAME	ECKERT, JAMES C.	1.2 NAME	DAVID B. ROBSON
STREET ADDRESS	235 EXCELL DR	1.3 STREET ADDRESS	3701 Kirby DR
CITY-ST-ZIP	PEARL MS	1.4 CITY-ST-ZIP	Houston, Tx 77098
TITLE	DP	2.1 TITLE	D
NAME	LUDLOW, STEPHEN J.	2.2 NAME	
STREET ADDRESS	3701 KIRBY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VT
NAME	MCAIRY, RICHARD W.	3.2 NAME	Anthony TRIPPO
STREET ADDRESS	3701 KIRBY DR.	3.3 STREET ADDRESS	3701 Kirby Drive
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Houston, Tx 77098
TITLE	VTS	4.1 TITLE	VS
NAME	POGACH, ALLAN C.	4.2 NAME	Reue M.J. VandenBrand
STREET ADDRESS	3701 KIRBY DR.	4.3 STREET ADDRESS	3701 Kirby DR
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	Houston, Tx 77098
TITLE	V	5.1 TITLE	P
NAME	ACKERMAN, CHARLES H.	5.2 NAME	Craig P. Rothwell
STREET ADDRESS	3701 KIRBY DR	5.3 STREET ADDRESS	3701 Kirby DR.
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	Houston, Tx 77098
TITLE	V	6.1 TITLE	
NAME	MANN, WHITNEY C.	6.2 NAME	
STREET ADDRESS	3701 KIRBY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. I do 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:

Whitney C. Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 (713) 512-8300
Date Daytime Phone

0499085

CR2E034 (9/96)