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May 19 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 # P32927 (6)

1. Corporation Name
PARSONS BRINCKERHOFF ENERGY SERVICES, INC.

Principal Place of Business
ONE PENN PLAZA
NEW YORK NY 10119
US

Mailing Address
ONE PENN PLAZA
ATTENTION: K. CURRAN
NEW YORK NY 10119-0002
US



3. Date Incorporated or Qualified 02/25/1991
3a. Date of Last Report 05/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEL Number
54-1283321

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 PD
NAME ROMAN, W.S.
STREET ADDRESS ONE PENN PLAZA
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME RISH, J. S.
STREET ADDRESS 485 SPRING PARK PALCE
CITY-ST-ZIP HERNDON VA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CURRAN, K. J.
STREET ADDRESS ONE PENN PLAZA
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME PAONE, B. N.
STREET ADDRESS ONE PENN PLAZA
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD
NAME NOVAK, M.A.
STREET ADDRESS 700 11TH STREET SUITE 710 W
CITY-ST-ZIP WASHINGTON DC

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME John J. Ryan
5.3 STREET ADDRESS One Penn Plaza
5.4 CITY-ST-ZIP New York, NY 10119

TITLE D
NAME HARIG, R.F.
STREET ADDRESS 1680 LINCOLN STREET #2000
CITY-ST-ZIP DENVER CO

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Rodman L. Drake
6.3 STREET ADDRESS One Penn Plaza
6.4 CITY-ST-ZIP New York, NY 10119

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Curran 4/16/97 (212) 463-5888

Date

Daytime Phone #

000844

CR2E034 (9/96)