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Feb 27 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 # P37484

(3)

1. Corporation Name

DAMES & MOORE, INC.

Principal Place of Business

911 WILSHIRE BLVD., SUITE 700
LOS ANGELES CA 90017

Mailing Address

911 WILSHIRE BLVD., SUITE 700
LOS ANGELES CA 90017-3436



3. Date Incorporated or Qualified

02/13/1992

3a. Date of Last Report

04/26/1996

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

4. FEI Number

95-4316617

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

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEAL, GEORGE D.	
STREET ADDRESS	911 WILSHIRE BLVD #700	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERRY, ROBERT M.	
STREET ADDRESS	911 WILSHIRE BLVD #700	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, KEVIN J	
STREET ADDRESS	5425 HOLLISTER AVE, STE 160	
CITY- ST- ZIP	SANTA BARBARA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENSLADE, WILLIAM M.	
STREET ADDRESS	7500 N DREAMY DRAW DR	
CITY- ST- ZIP	PHOENIX AZ	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TUCKER, RICHARD C	
STREET ADDRESS	7101 WISCONSIN AVE, STE 700	
CITY- ST- ZIP	BETHESDA MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arthur C. Darrow	
1.3 STREET ADDRESS	911 Wilshire Blvd., Suite 700	
1.4 CITY- ST- ZIP	Los Angeles, CA 90017	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Norman A. Barkeley	
2.3 STREET ADDRESS	23301 S. Wilmington Avenue	
2.4 CITY- ST- ZIP	Carson, CA 90745	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500 Market Tower, 2025 First Avenue	
3.3 STREET ADDRESS	Seattle, WA 98121	
3.4 CITY- ST- ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John P. Trudinger	
4.3 STREET ADDRESS	633 Seventeenth St., Suite 2500	
4.4 CITY- ST- ZIP	Denver, CO 80202	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anthony R. Moore	
5.3 STREET ADDRESS	Barclays De Zoete Wedd	
5.4 CITY- ST- ZIP	Ebbgate House, 2 Swan Lane	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael R. Peevey	
6.3 STREET ADDRESS	1322 Verdugo Blvd.	
6.4 CITY- ST- ZIP	La Canada, CA 91001	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

(213)683-1560

Date

Daytime Phone #

CR2E034 (9/96)