2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # P39966** 1. Entity Name HAZEN AND SAWYER ENVIRONMENTAL CONSULTANTS, INC. 03-20-2000 90060 046 ***158.75 Mailing Address Principal Place of Business 730 BROADWAY 730 BROADWAY NEW YORK NY 10003-9511 NEW YORK NY 10003 AUU31455 3. Mailing Address 2. Principal Place of Business 498Seventh Avenue <u>498 Seventh Avenue</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 13-2969935 New York, Not Applicable New York, NY Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 10018 10018: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, PETER E. Street Address (P.O. Box Number is Not Acceptable) HAZEN AND SAWYER ENVIR. CONSULTANTS INC 4000 HOLLYWOOD BOULEVARD SUITE 750N HOLLYWOOD FL 33021 Zip Code City Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD □ Delete TITLE Change TITLE NAME HAGADORN, ROBERT E. NAME STREET ADDRESS STREET ADDRESS 730 BROADWAY CITY-ST-ZIF CITY-ST-ZIP **NEW YORK NY** Change Addition VDST TITLE ☐ Delete TITLE LASTIHENOS, JERRY NAME NAME 1.37 STREET ADDRESS STREET ADDRESS 730.BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change M Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF