

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90028 035 \*\*\*550.00

**DOCUMENT # P40338**

1. Corporation Name

**EDAW, INC.**

Principal Place of Business

**753 DAVIS ST  
SAN FRANCISCO CA 94111  
US**

Mailing Address

**753 DAVIS ST  
SAN FRANCISCO CA 94111  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/01/1992**

4. FEI Number

**94-1641716**

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. ☐ 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

1. 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

2. OFFICERS AND DIRECTORS

FILE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALTMAN, HOWARD B.</b>	
REET ADDRESS	<b>18 AVE. DEL NOTE</b>	
Y-ST-ZIP	<b>SAN ANSELMO CA</b>	
FILE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAU, DAVID H.</b>	
REET ADDRESS	<b>75 EXETER LANE</b>	
Y-ST-ZIP	<b>PLEASANT HILL CA</b>	
FILE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, JOSEPH E.</b>	
REET ADDRESS	<b>2241 SACRAMENTO ST</b>	
Y-ST-ZIP	<b>SAN FRANCISCO CA</b>	
FILE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>QUIGGLE, STEVE</b>	
REET ADDRESS	<b>1666 ROCKSPRINGS PLACE</b>	
Y-ST-ZIP	<b>WALNUT CREEK CA 94596</b>	
FILE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FAGA, BARBARA</b>	
REET ADDRESS	<b>3049 MARNE DRIVE</b>	
Y-ST-ZIP	<b>ATLANTA GA</b>	
FILE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERMAN, DANIEL</b>	
REET ADDRESS	<b>6146 MORNINGVIEW</b>	
Y-ST-ZIP	<b>ANAHEIM CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Stephen D. Quiggle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/99 (415) 433-1484**  
Date Daytime Phone

CR2E034 (5/99)

0121037