

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90033 018 \*\*\*150.00

**DOCUMENT # P40338**

1. Entity Name  
**EDAW, INC.**



Principal Place of Business: **150 CHESTNUT SAN FRANCISCO, CA 94111 US**

Mailing Address: **150 CHESTNUT SAN FRANCISCO, CA 94111 US**

**40004474**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number: **94-1641716**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	SVPS	<input type="checkbox"/> Delete
NAME	BLAU, DAVID H	
STREET ADDRESS	75 EXETER LANE	
CITY-ST-ZIP	PLEASANT HILL, CA	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	FAGA, BARBARA	
STREET ADDRESS	3049 MARNE DRIVE	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JOE	
STREET ADDRESS	44 MACONDRAY LANE W	
CITY-ST-ZIP	SAN FRANCISCO, CA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	STEPHENS, BRODIE-ESQ	
STREET ADDRESS	150 CHESTNUT	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	EXO	<input type="checkbox"/> Delete
NAME	WAYMIRE, DANA	
STREET ADDRESS	150 CHESTNUT	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 Chestnut St	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	917 W Peachtree St, Ste 770	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 Chestnut St	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRODIE STEPHENS V.P. 12 Jan 05 415.955.2933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR