

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832235

FILED
Jan 10, 2005
Secretary of State

Entity Name: CAMP DRESSER & MCKEE INC

Current Principal Place of Business:

ONE CAMBRIDGE PLACE
50 HAMPSHIRE STREET
CAMBRIDGE, MA 02139 US

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT.
50 HAMPSHIRE STREET
CAMBRIDGE, MA 02139

New Mailing Address:

FEI Number: 04-2473650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHB () Delete
Name: FURMAN, THOMAS D JR
Address: 153 STONE ROOT LANE
City-St-Zip: CONCORD, MA

Title: S () Delete
Name: LACKMAN, JAMES S
Address: 59 HUTCHINSON DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: P () Delete
Name: FOX, RICHARD D
Address: 99 WOBURN STREET
City-St-Zip: ANDOVER, MA 01810

Title: T () Delete
Name: MCCARTHY, ROBERT W
Address: 7 BUTTERNUT ROAD
City-St-Zip: WAKEFIELD, MA 01880

Title: D () Delete
Name: STEVENSON, HOWARD H
Address: 68 FAYERWEATHER STREET
City-St-Zip: NESHANIC STATION, NJ 08853

Title: D () Delete
Name: SHEA, PAUL R
Address: 6 TERN WAY
City-St-Zip: MERRIMACK, NH 03054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. LACKMAN

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01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date