

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 26, 2009
Secretary of State**

DOCUMENT# 832235

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

OFFICERS AND DIRECTORS:

Title: CHB () Delete
Name: FURMAN, THOMAS D JR
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: S () Delete
Name: LACKMAN, JAMES S
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: P () Delete
Name: MANNING, JOHN D
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: T () Delete
Name: MCCARTHY, ROBERT W
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: D () Delete
Name: STEVENSON, HOWARD H
Address: 31 FAYERWEATHER STREET
City-St-Zip: NESHANIC STATION, NJ 08853

Title: D () Delete
Name: SHEA, PAUL R
Address: 555 17TH STREET
City-St-Zip: DENVER, CO 80202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHB (X) Change () Addition
Name: FOX, RICHARD D
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

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

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

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

Title: () Change () Addition
Name:
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 exemption stated in Chapter 119, 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

S

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date