

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832235

FILED
Jan 13, 2010
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
Name: FOX, RICHARD D
Address: 50 HAMPSHIRE STREET
City-St-Zip: CAMBRIDGE, MA 02139

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES S. LACKMAN

SEC.

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date