

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832235

Entity Name: CDM SMITH INC.

Current Principal Place of Business:

ONE CAMBRIDGE PLACE
50 HAMPSHIRE STREET
CAMBRIDGE, MA 02139

FILED
Mar 04, 2013
Secretary of State
CC6328616314

Current Mailing Address:

ONE CAMBRIDGE PLACE - ATTN: LEGAL DEPT.
50 HAMPSHIRE STREET
CAMBRIDGE, MA 02139 US

FEI Number: 04-2473650

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title CHB
Name HICKOX, STEPHEN J
Address 50 HAMPSHIRE STREET
City-State-Zip: CAMBRIDGE MA 02139

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

Title P
Name WALL, TIMOTHY B
Address 50 HAMPSHIRE STREET
City-State-Zip: CAMBRIDGE MA 02139

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

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

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

Title DIRECTOR
Name ALLEN, CHARLENE P
Address ONE CAMBRIDGE PLACE
50 HAMPSHIRE STREET
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR
Name MAKLED, ALEX H
Address 1601 BEVEDERE RD.
SUITE 400 EAST SUITE 400 EASST
City-State-Zip: WEST PALM BEACH FL 33406

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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

SECRETARY

03/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'BRIEN, WILLIAM K
Address 260 BEACON ST.
#6
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name VICENS, GUILLERMO J
Address ONE CAMBRIDGE PLACE
50 HAMPSHIRE STREET
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR
Name SMITH, STEVENSON M.
Address 1301 GERVAIS STREET
SUITE 1600
City-State-Zip: COLUMBIA SC 29201

Title DIRECTOR
Name WALTERS, GAE A
Address 2007 ALAQUA LAKES BLVD
City-State-Zip: LONGWOOD FL 32779