

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832235

Entity Name: CDM SMITH INC.

Current Principal Place of Business:

75 STATE STREET
#701
BOSTON, MA 02109

FILED
Jan 11, 2016
Secretary of State
CC2331470386

Current Mailing Address:

75 STATE STREET
#701
BOSTON, MA 02109 US

FEI Number: 04-2473650

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

Title S
Name MARCACCIO, MARIO J
Address 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

Title P
Name WALL, TIMOTHY B
Address 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

Title T
Name DESMARIS, THIERRY
Address 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

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

Title D
Name SHEA, PAUL R
Address 2180 WEST FIRST STREET
SUITE 400
City-State-Zip: FORT MEYERS FL 33901

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

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

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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: MARIO J. MARCACCIO

SECRETARY

01/11/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name MAKOFSKY, JASON
Address 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name HUGHES, COLLEEN
Address 110 FIELDCREST AVE
City-State-Zip: EDISON NJ 08837

Title DIRECTOR
Name TUNNICLIFFE, PETER W
Address 75 STATE STREET
#701
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name VANANTWERP, ROBERT L.
Address 1199 HAYWOOD DRIVE
City-State-Zip: COLLEGE STATION TX 77845