


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832235 (6)

1. Corporation Name
CAMP DRESSER & MCKEE INC



Principal Place of Business ONE CAMBRIDGE CENTER 12TH FLOOR CAMBRIDGE MA 02142 US	Mailing Address ONE CAMBRIDGE CENTER 12TH FLOOR CAMBRIDGE MA 02142-1801 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 04/23/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2473850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FURMAN, JR. T
STREET ADDRESS	153 STONE ROOT LANE
CITY-ST-ZIP	CONCORD MA
TITLE	S <input type="checkbox"/> DELETE
NAME	DOHERY, RICHARD M.
STREET ADDRESS	74 MAGNOLIA DRIVE
CITY-ST-ZIP	WESTWOOD MA
TITLE	D <input type="checkbox"/> DELETE
NAME	MARINI, ROBERT C.
STREET ADDRESS	ONE NEVIN ROAD
CITY-ST-ZIP	SOUTH WEYMOUTH MA
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMELL, PAUL G.
STREET ADDRESS	25 FREEPORT DRIVE
CITY-ST-ZIP	WILMINGTON MA
TITLE	D <input type="checkbox"/> DELETE
NAME	DOYLE, DAVID F.
STREET ADDRESS	4 CHARLES STREET
CITY-ST-ZIP	NORTH READING MA
TITLE	T <input type="checkbox"/> DELETE
NAME	MCARTHY, ROBERT W.
STREET ADDRESS	7 BUTTERNUT ROAD
CITY-ST-ZIP	WAKEFIELD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or annual report is true and accurate and that my 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 in Block 12 or Block 13 or changes to or is added to Block 12 with an address.

SIGNATURE: **ROBERT W. MC CARTHY** REQUIRED **4/29/97 (617) 621-8181**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000033

CR2E034 (9/96)