

**2021 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**  
**Feb 01, 2021**  
**Secretary of State**  
**4578904149CC**

**Current Mailing Address:**

75 STATE STREET  
#701  
BOSTON, MA 02109 US

**FEI Number:** 04-2473650

**Certificate of Status Desired:** No

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

Title            PRESIDENT  
Name            BOUCHARD, ANTHONY  
Address        75 STATE STREET  
                  #701  
City-State-Zip: BOSTON MA 02109

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

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

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

Title            TREASURER  
Name            CAMPBELL, CHRISTOPHER  
Address        75 STATE STREET  
                  #701  
City-State-Zip: BOSTON MA 02109

Title            SECRETARY  
Name            MILLIGAN, PAUL T  
Address        75 STATE STREET  
                  #701  
City-State-Zip: BOSTON MA 02109

Title            DIRECTOR  
Name            MARCACCI, MARIO  
Address        75 STATE STREET  
                  SUITE 701  
City-State-Zip: BOSTON MA 02109

*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:** ANGELA LAFOREST

**EXECUTIVE ASSISTANT**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date