

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 832235

**Entity Name:** CDM SMITH INC.

**Current Principal Place of Business:**

75 STATE STREET  
#701  
BOSTON, MA 02109

**FILED**  
**Feb 12, 2021**  
**Secretary of State**  
**9434161105CC**

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

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

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

Title ASSISTANT SECRETARY, SENIOR  
LEGAL COUNSEL  
Name MAKOFSKY, JASON  
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, ASSISTANT GENERAL  
COUNSEL  
Name MILLIGAN, PAUL T  
Address 75 STATE STREET  
#701  
City-State-Zip: BOSTON MA 02109

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

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

**Continues on page 2**

*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: SARAH ONEILL**

**LEAD ADMIN**

**02/12/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HOWARD, STEVENSON  
Address        31 FAYERWEATHER STREET  
City-State-Zip: CAMBRIDGE MA 02138

Title           DIRECTOR  
Name           JENNIFER, BANNER  
Address        6715 SHERWOOD DRIVE  
City-State-Zip: KNOXVILLE TN 37919