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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90010 039 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 832235**

1. Corporation Name  
**CAMP DRESSER & MCKEE INC**



Principal Place of Business  
 ONE CAMBRIDGE CENTER  
 12TH FLOOR  
 CAMBRIDGE MA 02142  
 US

Mailing Address  
 ATTN: J. HOLWELL  
 ONE CAMBRIDGE CENTER, 12TH FLOOR  
 CAMBRIDGE MA 02142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29

3. Date Incorporated or Qualified  
**04/23/1974**

4. FEI Number  
**04-2473650**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME PD  
 STREET ADDRESS FURMAN, JR. T  
 153 STONE ROOT LANE  
 CITY-ST-ZIP CONCORD MA

TITLE  DELETE

NAME S  
 STREET ADDRESS LACKMAN, JAMES S  
 59 HUTCHINSON DRIVE  
 CITY-ST-ZIP MARLBOROUGH MA 01752

TITLE  DELETE

NAME T  
 STREET ADDRESS ANTON, ROBERT J  
 85 JERUSALEM ROAD  
 CITY-ST-ZIP COHASSETT MA 02025

TITLE  DELETE

NAME D  
 STREET ADDRESS KAUFMAN, SUMNER  
 221 PRINCE STREET  
 CITY-ST-ZIP WEST NEWTON MA 02165

TITLE  DELETE

NAME D  
 STREET ADDRESS STEVESON, HOWARD H  
 39 SEARS ROAD  
 CITY-ST-ZIP SOUTHBORO MA 01771

TITLE  DELETE

NAME D  
 STREET ADDRESS TUNNICLIFFE, PETER W  
 116 BENT ROAD  
 CITY-ST-ZIP SUDBURY MA 01776

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME Stevenson, Howard H. (Correction)

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James S. Lackman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Lackman, Secretary

Date

(617) 621-8181

Daytime Phone #

CR2E034 (11/98)