

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90034 029 ***158.75

DOCUMENT # 832235

1. Entity 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 02142-1612
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Cambridge Place	3. Mailing Address Attn: Legal Dept.
Suite, Apt. #, etc. 50 Hampshire Street	Suite, Apt. #, etc. 50 Hampshire Street
City & State Cambridge, MA	City & State Cambridge, MA
Zip 02139	Country USA

4. FEI Number 04-2473650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 8751 WEST BROWARD BLVD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURMAN, JR. T 153 STONE ROOT LANE CONCORD MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACKMAN, JAMES S 59 HUTCHINSON DRIVE MARLBOROUGH MA 01752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ANTON, ROBERT J 85 JERUSALEM ROAD COHASSETT MA 02025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, SUMNER 221 PRINCE STREET WEST NEWTON MA 02165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, HOWARD H 39 SEARS ROAD SOUTHBORO MA 01771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUNNICLIFFE, PETER W 116 BENT ROAD SUDBURY MA 01776	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James S. Lackman **James S. Lackman, Clerk & General Counsel** Date: 3/30/00 Daytime Phone #: 617-452-6000

CR2E034 (9/99)