


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 038 ***158.75

DOCUMENT # F05000001431

1. Entity Name
MACTEC DEVELOPMENT CORPORATION



Principal Place of Business
1105 SANCTUARY PARKWAY, SUITE 300
ALPHARETTA, GA 30004

Mailing Address
1105 SANCTUARY PARKWAY, SUITE 300
ALPHARETTA, GA 30004

40104500

2. Principal Place of Business - No P.O. Box #
1105 Lakewood Parkway

3. Mailing Address
1105 Lakewood Parkway

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Alpharetta, GA

City & State
Alpharetta, GA

Zip
30004

Country
USA

Zip
30004

Country
USA



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
84-1505830

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COLES, BRUCE C 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOSHEE, ROBERT B 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, GREGORY M 50 KENNEDY PLAZA, 12TH FLOOR PROVIDENCE, RI 02930 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REID, BILLY E JR 97B MIDWAY LANE OAKRIDGE, TN 37830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SLAMAN, WILLIAM D 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

(See Attached Officers and Directors List)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce A. Duke **Bruce A. Duke, Asst. Secretary** 4-17-07 770-360-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
 40104587
 #1505000001431

**MACTEC DEVELOPMENT CORPORATION
 OFFICERS AND DIRECTORS**

Jurisdiction: CO

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Bruce C. Coles	President	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0600
Ann E. Massey	Executive Vice President	1431 Centerpoint Blvd., Ste 150, Knoxville, TN 37932-1984	865-531-1922
Bradley W. Bartell	Vice President	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0671
J. Allen Kibler, Jr.	Vice President	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0643
John A. Hager	Vice President	1535 Valley Brook Avenue, Lyndhurst, NJ 07071	201-939-5411
Billy E. Reid, Jr.	Vice President, Operations	105 Fordham Rd, Oak Ridge, TN 37830-7043	865-483-1280
William D. Slaman	Vice Pres., Controller & Sec'y	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0600
Steven D. Rima	Vice Pres./Dir. of Radiological Service	751 Horizon Court, Suite 104, Grand Junction, CO 81506	970-243-2861
Bruce A. Duke	Assistant Secretary	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0507
Bruce C. Coles	Director	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0610
Robert B. Fooshee	Director	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0611