
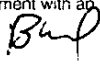


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90067 027 ***158.75

DOCUMENT # F05000001431			
1. Entity Name MACTEC DEVELOPMENT CORPORATION			
Principal Place of Business 1105 SANCTUARY PARKWAY, SUITE 300 SUITE 300 ALPHARETTA, GA 30004		Mailing Address 1105 SANCTUARY PARKWAY, SUITE 300 SUITE 300 ALPHARETTA, GA 30004	
2. Principal Place of Business - No P.O. Box # 1105 Lakewood Pkwy		3. Mailing Address 1105 Lakewood Pkwy	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Alpharetta, GA 30004		City & State Alpharetta, GA 30004	
Zip 30004		Country USA	
4. FEI Number 84-1505830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLES, BRUCE C 1105 LAKEWOOD PKWY STE 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	V 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	V MASSEY, ANN 1431 CENTERPOINT BLVD STE 150 KNOXVILLE, TN 379321984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, Asst. Secretary 2-14-08 770-360-0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**MACTEC DEVELOPMENT CORPORATION
OFFICERS AND DIRECTORS**

<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
J. Allen Kibler, Jr.	Director	1105 Lakewood Pkwy, Ste 300, Alpharetta, GA 30004	770-360-0643
Ann E. Massey	Director	1431 Centerpoint Blvd, Ste 150, Knoxville, TN 37932-1984	865-531-1922
Billy E. Reid, Jr.	Director	105 Fordham Rd, Oak Ridge, TN 37830-7043	865-483-1280

Jurisdiction: CO

ATTACHMENT

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