

**2003 EOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

03 APR 22 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F9500004014**  
1. Entity Name  
**EARTH TECH CONSULTING, INC.**

Principal Place of Business  
100 WEST BROADWAY, SUITE 5000  
LONG BEACH, CA 90802-4443

Mailing Address  
P O BOX 3038  
BOCA RATON, FL 33486

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**AMENDED UBR**

4. FEI Number  
**95-2661922**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE	CPD	<input type="checkbox"/> Delete
NAME	CREELE, DIANE C	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	
CITY-STATE-ZIP	LONG BEACH, CA	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	EARLY, CREIGHTON K	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	
CITY-STATE-ZIP	LONG BEACH, CA 908024443	
TITLE	GCS	<input type="checkbox"/> Delete
NAME	ALPERT, CHARLES S	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	
CITY-STATE-ZIP	LONG BEACH, CA 908024443	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOROZE, M. BRIAN	
STREET ADDRESS	273 CORPORATE DRIVE SUITE 100	
CITY-STATE-ZIP	PORTSMOUTH, NH 03801	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	STEVENSON, SCOTT	
STREET ADDRESS	ONE TOWN CENTER RD	
CITY-STATE-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Stephen E. Thompson	
STREET ADDRESS	100 West Broadway, Ste 5000	
CITY-STATE-ZIP	Long Beach, CA 90802-4443	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Scott Stevenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott Stevenson**  
VP/Assistant Treasurer

4/21/03  
Date Daytime Phone #

CR2E034 (10/02)