

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90176 021 \*\*\*150.00

0554448

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000004014**

1. Corporation Name  
**EARTH TECH CONSULTING, INC.**

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

Mailing Address  
**100 WEST BROADWAY, SUITE 5000  
 LONG BEACH CA 90802-4443**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/21/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-2661922</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREEL, DIANE C	1.2 NAME	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	1.4 CITY-ST-ZIP	
TITLE	DCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLY, CREIGHTON K	2.2 NAME	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90802-4443	2.4 CITY-ST-ZIP	
TITLE	GCS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, CHARLES S	3.2 NAME	
STREET ADDRESS	100 WEST BROADWAY, SUITE 5000	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90802-4443	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROZE, M. BRIAN	4.2 NAME	
STREET ADDRESS	ONE TYCO PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	EXETER NH	4.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	5.1 TITLE	No longer a director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, MARK H	5.2 NAME	
STREET ADDRESS	ONE TYCOPARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	EXETER NH	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Robert P. Mead <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, J BRAD	6.2 NAME	One Tyco Park
STREET ADDRESS	ONE TYCO PARK	6.3 STREET ADDRESS	Exeter, NH; 03833
CITY-ST-ZIP	EXETER NH	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: *Charles S. Alpert* Charles S. Alpert, Secretary 2/5/99 562.951.2013  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)