

1.) CORPORATION NAME:

Camp Dresser & McKee Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1541863**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	5,000,000
COMB	15,000,000
COMC	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET

CITY/ST/ZIP: CAMBRIDGE, MA 02139-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT W. MCCARTHY
TITLE: TREASURER
ADDRESS: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-

OFFICER

DIRECTOR

NAME: RICHARD D FOX
TITLE: CHRMN
ADDRESS: 50 HAMPSHIRE
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-

OFFICER

DIRECTOR

NAME: JAMES S. LACKMAN
TITLE: CLERK OF CORP
ADDRESS: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE ST
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-

OFFICER

DIRECTOR

NAME: GUILLERMO J. VICENS
TITLE: DIRECTOR
ADDRESS: 50 HAMPSHIRE ST
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-

OFFICER

DIRECTOR

NAME: JOHN D. MANNING
TITLE: PRESIDENT
ADDRESS: 50 HAMPSHIRE ST
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-

OFFICER

DIRECTOR

NAME: PAUL R. BROWN TITLE: DIRECTOR ADDRESS: 1925 PALOMAR OAKS WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92008-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL G CAMELL TITLE: DIRECTOR ADDRESS: 50 HAMPSHIRE ST. CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM S HOWARD TITLE: DIRECTOR ADDRESS: 50 HAMPSHIRE ST. CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM K O'BRIEN TITLE: DIRECTOR ADDRESS: 260 BEACON STREET #6 CITY/ST/ZIP/CO: BOSTON, MA 02116-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL R SHEA TITLE: DIRECTOR ADDRESS: 555 17TH STREET, SUITE 1100 CITY/ST/ZIP/CO: DENVER, CO 80202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD H STEVENSON TITLE: DIRECTOR ADDRESS: 31 FAYERWEATHER STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02138-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GAE A WALTERS TITLE: DIRECTOR ADDRESS: 2007 ALAQUA LAKES BLVD CITY/ST/ZIP/CO: LONGWOOD, FL 32779-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ JAMES S. LACKMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES S. LACKMAN, CLERK OF _____ CORP PRINTED NAME AND CORPORATE TITLE
2/28/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	