

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90008 021 \*\*\*150.00

**DOCUMENT # 816002**  
 1. Entity Name  
**JACOBS CONSTRUCTORS, INC.**

Principal Place of Business      Mailing Address  
**1111 S ARROYO PARKWAY**      **P.O. BOX 7084**  
**PASADENA CA 91105**      **PASADENA CA 91109-7084**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**72-0403456**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMMOND, THOMAS R</b> <b>1111 S ARROYO PARKWAY</b> <b>PASADENA CA 91105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SNIGER, LEO M</b> <b>TWO ASH STREET, SUITE 3000</b> <b>CONSHOHOCKEN PA 19428</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PROSSER, J W JR</b> <b>1111 S ARROYO PARKWAY</b> <b>PASADENA CA 91105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARKLEY, W C III</b> <b>1111 S ARROYO PARKWAY</b> <b>PASADENA CA 91105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRITSCHLE, STEPHEN F</b> <b>1041 E BUTLER ROAD</b> <b>GREENVILLE SC 29607</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATSON, NOEL G.</b> <b>1111 S ARROYO PARKWAY</b> <b>PASADENA CA 91105</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Greg J. Landry</b> <b>5995 Rogerdale Road</b> <b>Houston, TX 77072</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition <input type="checkbox"/> <input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *John W. Prosser, Jr.* **REQUIRED**      John W. Prosser, Jr.      4/8/02      (626) 578-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)