

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854345 (6)
 1. Corporation Name
PARSONS CONSTRUCTION SERVICES, INC.



Principal Place of Business 8412 MOSLEY RD. P.O. BOX 34451 HOUSTON TX 77234	Mailing Address 100 WEST WALNUT STREET ROOM T 1107 PASADENA CA 91124 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/11/1982

2. Principal Place of Business 21 9906 GULF FREEWAY Suite, Apt. #, etc. 22 HOUSTON, TX City & State 23 Zip Country 24 77034 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 76-0022014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C. T. CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 33324 A TION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOREN, JOHN G.	
STREET ADDRESS	9920 GULF FREEWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MITCHELL, LAWRENCE D.	
STREET ADDRESS	9906 GULF FREEWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LASSETER, T E	
STREET ADDRESS	9920 GULF FREEWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWER, C.A.	
STREET ADDRESS	100 WEST WALNUT ST	
CITY-ST-ZIP	PASADENA CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	QUADE, D.H.	
STREET ADDRESS	100 WEST WALNUT ST	
CITY-ST-ZIP	PASADENA CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	FETTEROLF, P-R	
STREET ADDRESS	100 WEST WALNUT ST	
CITY-ST-ZIP	PASADENA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	G.L. BALL
6.4 CITY-ST-ZIP	100 W. WALNUT ST. PASADENA, CA 91124

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

SIGNATURE _____ DATE _____

CR2E034 (10/97)