

1. Entity Name  
**ROCKY MOUNTAIN FABRICATION, INC.**

Principal Place of Business      Mailing Address  
**PO BOX 16409**      **PO BOX 16409**  
**SALT LAKE CITY UT 84116**      **SALT LAKE CITY UT 84116-0409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **77-0397761**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCFO</b> <b>CLAYTON, PAUL P</b> <b>1125 WEST 2300 NORTH</b> <b>SALT LAKE CITY UT 84116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CLAYTON, JOHN</b> <b>1125 WEST 2300 NORTH</b> <b>SALT LAKE CITY UT 84116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANDERSEN, JAMES</b> <b>1125 WEST 2300 NORTH</b> <b>SALT LAKE CITY UT 84116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NEWSOM, ROBERT L</b> <b>1125 WEST 2300 NORTH</b> <b>SALT LAKE CITY UT 84116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BABINEAU, BOB</b> <b>7021 KOLL CENTER PARKWAY</b> <b>PLEASANTON CA 94566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Babineau, Bob</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, JAMES R</b> <b>1125 WEST 2300 NORTH</b> <b>SALT LAKE CITY UT 84116</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See Attached</i>

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 another like empowered.

SIGNATURE: *James R Jones*      **3/31/00**      **596-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #

CR2E034 19/99

**Bob Babineau**

**300 Mortgage Expressway**  
**Milpitas, CA 95035**  
**7021 Koll Center Parkway**  
**Pleasanton, CA 94566**

799000001892

Attachment  
00054302

OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President/Chief Financial Officer	Paul P. Clayton	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
Secretary	John Clayton	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
Vice President	James Andersen	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
Vice President	Robert L. Newsom	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
Treasurer	Bob Babineau	7021 Koll Center Parkway Pleasanton, CA 94566

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Paul Clayton	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
James R. Jones	1125 West 2300 North P.O. Box 16409 Salt Lake City, UT 84116
Roger Schwab	300 Montague Expressway, Suite 200 Milpitas, CA 95035
David Domsife	7021 Koll Center Parkway Pleasanton, CA 94566
Richard Barbour	7021 Koll Center Parkway Pleasanton, CA 94566
Ron Stirm	300 Montague Expressway, Suite 200 Milpitas, CA 95035
Bob Babineau	7021 Koll Center Parkway Pleasanton, CA 94566