

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1996 08:00 AM
Secretary of State

DOCUMENT # **P13582 (2)**
1. Corporation Name
BALFOUR BEATTY INCORPORATED



Principal Place of Business: **999 PEACHTREE STREET, N.E. SUITE 200 ATLANTA GA 30309 US**
Mailing Address: **999 PEACHTREE STREET, N.E. SUITE 200 ATLANTA GA 30309 US**

3. Date Incorporated or Qualified: **03/12/1987**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **52-1454968**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **999 Peachtree Street, N.E. Suite, Apt. #, etc. Suite 200 City & State Atlanta, Georgia Zip: 30309 Country: USA**
2a. Mailing Address: **999 Peachtree Street, N.E. Suite, Apt. #, etc. Suite 200 City & State Atlanta, Georgia Zip: 30309 Country: USA**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324**

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CURL, RICHARD L.	1.1 TITLE: CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4235 FAIRWAYS VILLA DRIVE	STREET ADDRESS: ALPHARETTA GA	1.2 NAME:	
CITY-STATE-ZIP: S	CITY-STATE-ZIP: D	1.3 STREET ADDRESS:	
TITLE: S	NAME: CICHANSKI, JAMES B	1.4 CITY-STATE-ZIP:	2.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 805 MOSS CREEK PLANTATION	STREET ADDRESS: DULUTH GA	2.2 NAME:	
CITY-STATE-ZIP: D	CITY-STATE-ZIP: D	2.3 STREET ADDRESS:	
TITLE: D	NAME: MOYNIHAN, JAMES J.	2.4 CITY-STATE-ZIP:	3.1 TITLE: Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 30 CAMDEN RD, N.E.	STREET ADDRESS: ATLANTA GA	3.2 NAME:	
CITY-STATE-ZIP: D	CITY-STATE-ZIP: D	3.3 STREET ADDRESS:	
TITLE: D	NAME: MASON, PETER J	3.4 CITY-STATE-ZIP:	4.1 TITLE: Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE ANGEL SQUARE, TORRENS STREET	STREET ADDRESS: LONDON EN	4.2 NAME: Michael W. Welton	
CITY-STATE-ZIP: VD	CITY-STATE-ZIP: VD	4.3 STREET ADDRESS: One Angel Square, Torrens Street	
TITLE: VD	NAME: FOSTER, SIMON R.	4.4 CITY-STATE-ZIP: London, England CR7 7XA	
STREET ADDRESS: 2861 ALPINE ROAD	STREET ADDRESS: ATLANTA GA	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP: TD	CITY-STATE-ZIP: TD	5.2 NAME:	
TITLE: TD	NAME: GALVERT, ANDREW R J	5.3 STREET ADDRESS:	
STREET ADDRESS: 1821 LAKEHURST COURT, S.E.	STREET ADDRESS: SMYRNA GA	5.4 CITY-STATE-ZIP:	6.1 TITLE: VP, Treas., CFO, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP: SMYRNA GA	CITY-STATE-ZIP: SMYRNA GA	6.2 NAME: J. Byron Wake	
		6.3 STREET ADDRESS: 118 Gentry's Walk	
		6.4 CITY-STATE-ZIP: Atlanta, GA 30341	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James B. Cichanski, Secretary, Director

02/06/96 (404) 875-0356

CR2E034 (12/95)