

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13582 (2)
 1. Corporation Name
BALFOUR BEATTY INCORPORATED



Principal Place of Business 999 PEACHTREE STREET NE SUITE 800 ATLANTA GA 30309 US	Mailing Address 999 PEACHTREE STREET NE SUITE 200 ATLANTA GA 30309-3964 US
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3. Date Incorporated or Qualified 03/12/1987	3a. Date of Last Report 02/22/1996
4. FEI Number 52-1454968	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	CURL, RICHARD L.	
STREET ADDRESS	4235 FAIRWAYS VILLA DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CICHANSKI, JAMES B	
STREET ADDRESS	805 MOSS CREEK PLANTATION	
CITY-ST-ZIP	DULUTH GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOYNIHAN, JAMES J.	
STREET ADDRESS	30 CAMDEN RD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELTON, MICHAEL W	
STREET ADDRESS	1 ANGEL SQUARE, TORRENS STREET	
CITY-ST-ZIP	LONDON EN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, SIMON R.	
STREET ADDRESS	2881 ALPINE ROAD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	WAKE, J B	
STREET ADDRESS	118 GENTRY'S WALK	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEDELIAN, HARO M	
1.3 STREET ADDRESS	999 Peachtree St., NE, Suite 200	
1.4 CITY-ST-ZIP	Atlanta, GA 30309-3964	
2.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PIPER, DAVID A.G.	
2.3 STREET ADDRESS	999 Peachtree St., NE, Suite 200	
2.4 CITY-ST-ZIP	Atlanta, GA 30309-3964	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOYNIHAN, JAMES J	
3.3 STREET ADDRESS	30 Camden Rd. NE	
3.4 CITY-ST-ZIP	Atlanta, GA	
4.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WELTON, MICHAEL W	
4.3 STREET ADDRESS	1 Angel Square, Torrens Street	
4.4 CITY-ST-ZIP	London, England	
5.1 TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TARN, HENRY R	
5.3 STREET ADDRESS	1427 Adams Lake Blvd	
5.4 CITY-ST-ZIP	Atlanta, GA 30339	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCREYNOLDS, JOHN F	
6.3 STREET ADDRESS	3379 Glenrose Trail	
6.4 CITY-ST-ZIP	Atlanta, GA 30341	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 04/30/97 404-875-0356

CR2E034 (9/96)