

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



Principal Place of Business 999 PEACHTREE STREET NE SUITE 200 ATLANTA GA 30309 US	Mailing Address 999 PEACHTREE STREET NE SUITE 200 ATLANTA GA 30309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1987	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 52-1454968	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BEDELIAN, HARO M	
STREET ADDRESS	999 PEACHTREE ST NE, SUITE 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP&D	<input type="checkbox"/>
NAME	PIPER, DAVID A	
STREET ADDRESS	999 PEACHTREE ST NE, SUITE 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPD	<input type="checkbox"/>
NAME	MOYNIHAN, JAMES J	
STREET ADDRESS	30 CAMDEN RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	C	<input type="checkbox"/>
NAME	WELTON, MICHAEL W	
STREET ADDRESS	1 ANGEL SQUARE, TORRENS ST	
CITY-ST-ZIP	LONDON EN	
TITLE	VPD	<input type="checkbox"/>
NAME	TARN, HENY R	
STREET ADDRESS	1427 ADAMS LAKE BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/>
NAME	MCREYNOLDS, JOHN F	
STREET ADDRESS	3379 GLENROSE TRL	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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:  **John F. McReynolds, Asst Sec/Treas 4-30-98 (404) 875-0356**

CR2E034 (10/97)