

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2000 08:00 AM
Secretary of State

DOCUMENT # P13582

1. Entity Name
BALFOUR BEATTY INCORPORATED

Principal Place of Business 999 PEACHTREE STREET NE SUITE 200 ATLANTA 30309 US	Mailing Address 999 PEACHTREE STREET NE SUITE 200 ATLANTA 30309 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 52-1454968	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.

PLANTATION FL
33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE Registered Agent signature required when reinstating)
 DATE **09/15/2000**

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	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCREYNOLDS JOHN F			NAME			
STREET ADDRESS	3379 GLENROSE TRL			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARN HENY R			NAME	TARN HENY R		
STREET ADDRESS	1427 ADAMS LAKE BLVD			STREET ADDRESS	1427 ADAMS LAKE BLVD		
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP	ATLANTA GA 30309		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER JAMES L			NAME	MOYNIHAN JAMES J		
STREET ADDRESS	1 ANGEL SQUARE, TORRENS ST			STREET ADDRESS	999 PEACHTREE STREET		
CITY-ST-ZIP	LONDON EN			CITY-ST-ZIP	ATLANTA GA 30309		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER WILLIAM B			NAME	MCCORMACK FRANK D		
STREET ADDRESS	30 CAMDEN RD NE			STREET ADDRESS	ONE ANGEL SQUARE		
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP	LONDON UK EC1V1SX		
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE	VPSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIPER DAVID A			NAME	PIPER DAVID A		
STREET ADDRESS	999 PEACHTREE ST NE, SUITE 200			STREET ADDRESS	999 PEACHTREE ST NE, SUITE 200		
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP	ATLANTA GA 30309		
TITLE	V	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENHALGH ADRIAAN J			NAME	WELTON MICHAEL W		
STREET ADDRESS	999 PEACHTREE ST NE, SUITE 200			STREET ADDRESS	ONE ANGEL SQUARE		
CITY-ST-ZIP	ATLANTL GA			CITY-ST-ZIP	LONDON UK EC1V1SX		

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 all other like empowered.

SIGNATURE: David Piper VD 09/15/2000