

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32879 (9)**
 1. Corporation Name
PCL CONSTRUCTION RESOURCES U.S.A., INC.



Principal Place of Business: **2000 SOUTH COLORADO BLVD., SUITE 400 DENVER CO 80222**
 Mailing Address: **2000 SOUTH COLORADO BLVD., SUITE 400 DENVER CO 80222**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 01/31/1995
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 84-1158454	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
28. Zip		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, J.P.		1.2 NAME	WIDYNOWSKI, KENNETH J.	
STREET ADDRESS	#400, 200 SOUTH BOLORADO BOULEVARD		1.3 STREET ADDRESS	5410 - 99 STREET	
CITY - ST - ZIP	DENVER CO		1.4 CITY - ST - ZIP	EDMONTON, ALBERTA	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, W.W.		2.2 NAME		
STREET ADDRESS	#400 2000 SOUTH COLORADO BOULEVARD		2.3 STREET ADDRESS		
CITY - ST - ZIP	DENVER CO		2.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOSEPH D.		3.2 NAME		
STREET ADDRESS	5410-99TH STREET		3.3 STREET ADDRESS		
CITY - ST - ZIP	EDMONTON, ALB CANADA		3.4 CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDYNOWSKI, KENNETH J.		4.2 NAME		
STREET ADDRESS	5410-99 STREET		4.3 STREET ADDRESS		
CITY - ST - ZIP	EDMONTON AL		4.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, D. O		5.2 NAME	PREGIZER, D.R.	
STREET ADDRESS	5410 99TH ST		5.3 STREET ADDRESS	5410 - 99 STREET	
CITY - ST - ZIP	EDMONTON AL		5.4 CITY - ST - ZIP	EDMONTON, ALBERTA	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Morham* June 28, 1996 (403) 430-3480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Plate #

CR2E034 (3/96)