

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 08 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 # 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 07/23/1996
4. FEI Number 84-1158454	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIDYNOWSKI, KENNETH	
STREET ADDRESS	5410 99 STREET	
CITY-ST-ZIP	EDMONTON AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, W.W.	
STREET ADDRESS	#400 2000 SOUTH COLORADO BOULEVARD	
CITY-ST-ZIP	DENVER CO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PREGIZER, D.R.	
STREET ADDRESS	5410 99 STREET	
CITY-ST-ZIP	EDMONTON AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WIDYNOWSKI, KENNETH J.	
STREET ADDRESS	5410-99 STREET	
CITY-ST-ZIP	EDMONTON AL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HAGAN, D. O	
STREET ADDRESS	5410 99TH ST	
CITY-ST-ZIP	EDMONTON AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	SACHATSKY, PETER
3.4 CITY-ST-ZIP	5410 - 99 STREET EDMONTON, ALBERTA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WIDYNOWSKI, KENNETH
6.4 CITY-ST-ZIP	5410 - 99 STREET EDMONTON, ALBERTA

14. I do hereby certify that the information applied 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: _____ JULY 25, 1997 (403)430-3480

CR2E034 (4/97)