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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P32879**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1991**

4. FEI Number: **84-1158454** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDYNOWSKI, KENNETH	1.2 NAME	
STREET ADDRESS	5410 99 STREET	1.3 STREET ADDRESS	10003-56 AVENUE
CITY-ST-ZIP	EDMONTON AL	1.4 CITY-ST-ZIP	EDMONTON, ALBERTA CANADA T6E 5L7
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	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINIUK, MYRON	3.2 NAME	
STREET ADDRESS	5410-99 STREET	3.3 STREET ADDRESS	10003-56 AVENUE
CITY-ST-ZIP	EDMONTON AL	3.4 CITY-ST-ZIP	EDMONTON, ALBERTA CANADA T6E 5L7
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDYNOWSKI, KENNETH J.	4.2 NAME	
STREET ADDRESS	5410-99 STREET	4.3 STREET ADDRESS	10003-56 AVENUE
CITY-ST-ZIP	EDMONTON AL	4.4 CITY-ST-ZIP	EDMONTON, ALBERTA CANADA T6E 5L7
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 15, 1999

Date

(403) 430-3480

Daytime Phone #

CR2E034 (11/98)