

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90204 013 ***150.00

DOCUMENT # P32879

1. Entity Name
PCL CONSTRUCTION RESOURCES (U.S.A.), INC.

Principal Place of Business **2-500** Mailing Address **2-500**
2000 SOUTH COLORADO BLVD., SUITE 400 **2000 SOUTH COLORADO BLVD., SUITE 400**
DENVER CO 80222 **DENVER CO 80222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 84-1158454		Applied For	
Suite, Apt. #, etc. 2-500		Suite, Apt. #, etc. 2-500				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDYNOWSKI, KENNETH		NAME		
STREET ADDRESS	10003-56 AVE.		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, ALBERTA CA T6-E5L7		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, W.W.		NAME		
STREET ADDRESS	#400 2000 SOUTH COLORADO BOULEVARD		STREET ADDRESS	SUITE 2-500	
CITY-ST-ZIP	DENVER CO		CITY-ST-ZIP	DENVER, CO 80222-7928	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINIUK, MYRON		NAME		
STREET ADDRESS	10003-56 AVE		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, ALBERTA CA T6-E5L7		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDYNOWSKI, KENNETH J.		NAME		
STREET ADDRESS	10003-56 AVE		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, ALBERTA CA T6-E5L7		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Walter W. Clark **WALTER W. CLARK** 5/1/01 (303) 365-6403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)