


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 021 ***150.00

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| DOCUMENT # 800468 1. Entity Name TURNER CONSTRUCTION COMPANY | | | |  | |
| Principal Place of Business 375 HUDSON STREET NEW YORK, NY 10014 | | | Mailing Address 375 HUDSON STREET NEW YORK, NY 10014 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 13-1401980 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD <input type="checkbox"/> Delete LEPPERT, THOMAS C 901 MAIN STREET DALLAS, TX 75202 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete MEYER, ROBERT T 375 HUDSON ST. NEW YORK, NY 10014 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Delete WILLOX, LORI V 901 MAIN STREET DALLAS, TX 75202 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVCF <input type="checkbox"/> Delete SLEEMAN, DONALD G 901 MAIN STREET DALLAS, TX 75202 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO <input type="checkbox"/> Delete DAVDREN, PETER J. 375 HUDSON ST. NEW YORK, NY | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS <input type="checkbox"/> Delete TOLENTINO, RAFAEL A 375 HUDSON ST NEW YORK, NY 10014 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT - Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL J. MURPHY 901 MAIN ST. DALLAS TX 75202 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVDREN, Peter J. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ MICHAEL J. MURPHY 2/18/05 214-915-9600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |