FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **813554** **(3)**

1. Corporation Name

GILBANE BUILDING COMPANY

Principal Place of Business

7 JACKSON WALKWAY
P.O. BOX 6128
PROVIDENCE RI 02940

Mailing Address

7 JACKSON WALKWAY
P.O. BOX 6128
PROVIDENCE RI 02940

3. Date Incorporated or Qualified: **04/24/1959**

3a. Date of Last Report: **02/10/1995**

4. FEI Number: **05-0147010** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] 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

CT CORPORATION SYSTEM
1200 S. 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 **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
Signature required for each name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required for registered agent change.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	[ ] DELETE	1.1 TITLE: Vice President
NAME	GILBANE, ROBERT V.		1.2 NAME: Charles J. Salvator
STREET ADDRESS	25 PEGWIN DRIVE		1.3 STREET ADDRESS: 105 Crystal Drive
CITY-ST-ZIP	E.GREENWICH RI		1.4 CITY-ST-ZIP: East Greenwich, RI 02818
TITLE	TD	[ ] DELETE	2.1 TITLE
NAME	GILBANE, JEAN A.		2.2 NAME
STREET ADDRESS	80 DON AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP	RUMFORD RI		2.4 CITY-ST-ZIP
TITLE	VD	[ ] DELETE	3.1 TITLE
NAME	GILBANE, THOMAS F.,JR.		3.2 NAME
STREET ADDRESS	151 GROTTO AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP	PROVIDENCE RI		3.4 CITY-ST-ZIP
TITLE	VD	[X] DELETE	4.1 TITLE
NAME	ROY,NORMAN E.		4.2 NAME
STREET ADDRESS	59 CRANE STREET		4.3 STREET ADDRESS
CITY-ST-ZIP	WARWICK RI		4.4 CITY-ST-ZIP
TITLE	PD	[ ] DELETE	5.1 TITLE
NAME	CHOQUETTE, PAUL J.		5.2 NAME
STREET ADDRESS	57 FORGE RD		5.3 STREET ADDRESS
CITY-ST-ZIP	WARWICK R.I.		5.4 CITY-ST-ZIP
TITLE	D	[ ] DELETE	6.1 TITLE
NAME	GILBANE, WILLIAM J.		6.2 NAME
STREET ADDRESS	2 QUINCY ADAMS ROAD		6.3 STREET ADDRESS
CITY-ST-ZIP	BARRINGTON RI		6.4 CITY-ST-ZIP

[ ] Change [X] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

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)(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: Charles J. Salvator 4/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)