

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 833552 (3)
 1. Corporation Name
WOODWARD-CLYDE CONSULTANTS



Principal Place of Business 4582 S ULSTER ST PKWY SUITE 600 DENVER CO 80237	Mailing Address 4582 S ULSTER ST PKWY SUITE 600 DENVER CO 80237
---	---

3. Date incorporated or Qualified 12/29/1974	3a. Date of Last Report 03/06/1996
4. FEI Number 94-1716908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0102 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT K.	1.2 NAME	
STREET ADDRESS	4582 S ULSTER ST. #600	1.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER, CO 80237	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIEFER, MICHAEL L	2.2 NAME	Richards, Michael C.
STREET ADDRESS	4582 S. ULSTER ST, STE 600	2.3 STREET ADDRESS	500 12th Street, STE 100
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	Oakland, CA 90071
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCHOFF, JOHN A.	3.2 NAME	
STREET ADDRESS	500 12 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMICK, DAVID	4.2 NAME	
STREET ADDRESS	4582 S ULSTER ST PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, J R	5.2 NAME	
STREET ADDRESS	4582 SOUTH ULSTER ST., STE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80237	5.4 CITY-ST-ZIP	
TITLE	CP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABOURY, DAVID R	6.2 NAME	P Miller, James R.
STREET ADDRESS	4582 S ULSTER ST PKWY	6.3 STREET ADDRESS	4582 S. Ulster St., STE 600
CITY-ST-ZIP	DENVER CO	6.4 CITY-ST-ZIP	Denver CO 80237

14. I do 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.

SIGNATURE: *Valerie B. Fehes* *Valerie B. Fehes* 4/17/97 (303) 740-2600

CR2E034 (9/96)