

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

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833552 (3)**  
1. Corporation Name  
**WOODWARD-CLYDE INTERNATIONAL-AMERICAS, INC.**



Principal Place of Business <b>4582 S ULSTER ST PKWY SUITE 600 DENVER CO 80237</b>	Mailing Address <b>4582 S ULSTER ST PKWY SUITE 600 DENVER CO 80237</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1974</b>	
21	Suite, Apt. #, etc.	26	<b>clo URS Corporation</b>	4. FEI Number <b>94-1716908</b>	Applied For Not Applicable
22	City & State	27	<b>100 California St. Ste 500</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>San Francisco, CA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>94111</b>	30	<b>USA</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT K.</b>	1.2 NAME	
STREET ADDRESS	<b>4582 S ULSTER ST. #800</b>	1.3 STREET ADDRESS	<b>500 12th st. ste 200</b>
CITY-ST-ZIP	<b>DENVER, CO 80237</b>	1.4 CITY-ST-ZIP	<b>Oakland, CA 94607</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, MICHAEL C.</b>	2.2 NAME	
STREET ADDRESS	<b>500 12TH STREET, STE 100</b>	2.3 STREET ADDRESS	<b>ste. 200</b>
CITY-ST-ZIP	<b>OAKLAND CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BISCHOFF, JOHN A.</b>	3.2 NAME	
STREET ADDRESS	<b>500 12 ST.</b>	3.3 STREET ADDRESS	<b>ste. 200</b>
CITY-ST-ZIP	<b>OAKLAND CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMICK, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>4582 S ULSTER ST PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, J R</b>	5.2 NAME	
STREET ADDRESS	<b>4582 SOUTH ULSTER ST., STE 600</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO 80237</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, JAMES R.</b>	6.2 NAME	
STREET ADDRESS	<b>4582 S. ULSTER ST., STE 600</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO</b>	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.

SIGNATURE: *Robert K. Wilson*     **ROBERT K. WILSON**     *2/11/98*     **510-874-3143**

CR2E034 (10/97)