

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 # 854225 (0)

1. Corporation Name

PARSONS BRINCKERHOFF CONSTRUCTION SERVICES INC.



Principal Place of Business

Mailing Address

ATT K CURRAN
ONE PENN PLAZA
NEW YORK NY 10119
US

ATT K CURRAN
ONE PENN PLAZA
NEW YORK NY 10119
US

3. Date Incorporated or Qualified

09/29/1982

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 465 Spring Park Place

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Herndon, VA

27

City & State

23 Zip 22070

25 Country US

28

City & State

24 Zip 22070

25 Country US

29

City & State

30 Country

4. FEI Number

13-2963520

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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, Typed or Printed Name of Registered Agent or Director

Signature, Typed or Printed Name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RESEIGH, C.E.	
STREET ADDRESS	475 SPRING PARK PLACE STE 500	
CITY-ST-ZIP	HERNDON VA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DOEBLER, J. C.	
STREET ADDRESS	475 SPRING PARK PLACE	
CITY-ST-ZIP	HERNDON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVY, M. S.	
STREET ADDRESS	120 BOYLSTON STREET, 4TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CURRAN, K. J.	
STREET ADDRESS	250 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLOWE, GLEN H	
STREET ADDRESS	475 SPRING PARK PLACE, SUITE 500	
CITY-ST-ZIP	HERNDON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, MICHAEL	
STREET ADDRESS	250 W 34TH ST	
CITY-ST-ZIP	NEW YORK NE	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	465 Spring Park Place
1.4 CITY-ST-ZIP	Herndon, VA 22070
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	One South Station
2.4 CITY-ST-ZIP	Boston, MA 02110
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	One Penn Plaza
4.4 CITY-ST-ZIP	New York, NY 10119
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	465 Spring Park Place
5.4 CITY-ST-ZIP	Herndon, VA 22070
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	465 Spring Park Place
6.4 CITY-ST-ZIP	Herndon, VA 22070

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)(k), 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 a 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: *Kevin J. Curran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Curran 5/2/96 (212) 465-5011
DATE PHONE NUMBER

CR2E034 (12/95)