

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:19

**DOCUMENT # F93000000676 (7)**

1. Corporation Name

**WOODWARD-CLYDE FEDERAL SERVICES, INC.**

Principal Place of Business

4582 S. ULSTER ST., #600  
DENVER CO 80237

Mailing Address

4582 S. ULSTER ST., #600  
DENVER CO 80237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

03/08/1994

4. FEI Number

94-3077384

Applied For

Net Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

FL

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	WALLER, FRANK S
STREET ADDRESS	4582 S. ULSTER ST, STE 600
CITY - ST - ZIP	DENVER CO
TITLE	STD
NAME	WILSON, ROBERT K
STREET ADDRESS	4582 S. ULSTER ST., #1000
CITY - ST - ZIP	DENVER CO
TITLE	C
NAME	MILLER, JAMES R
STREET ADDRESS	2020 E. FIRST ST, STE 400
CITY - ST - ZIP	SANTA ANA CA
TITLE	RD- DELETED
NAME	WARTOLA, CHARLES H JR-
STREET ADDRESS	4582 S. ULSTER ST., #600
CITY - ST - ZIP	DENVER CO 80237-
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME	
1	STREET ADDRESS	
1	CITY - ST - ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
2	STREET ADDRESS	
2	CITY - ST - ZIP	
3	TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	
3	STREET ADDRESS	4582 South Ulster st., STE 400
3	CITY - ST - ZIP	DENVER, CO 80237
4	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4	NAME	Michael V. Donnelly
4	STREET ADDRESS	4582 South Ulster
4	CITY - ST - ZIP	DENVER CO 80237
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
5	STREET ADDRESS	
5	CITY - ST - ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and complete of quality for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or a 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 in an attachment with an address.

SIGNATURE:

*Michael Donnelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael Donnelly

June 15, 1995 303-740-2600  
(Date) (Phone Number)

CR2034 (3/95)