

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90037 008 \*\*\*150.00

**DOCUMENT # F93000004050**

1. Entity Name

**MWH CONSTRUCTORS, INC.**

Principal Place of Business

**370 INTERLOCKED BLVD  
STE 300  
BROOMFIELD CO 80021  
US**

Mailing Address

**300 NORTH LAKE AVE  
STE 1200  
PASADENA CA 91101  
US**

2. Principal Place of Business

3. Mailing Address

**370 Interlocken Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**300**

City & State

City & State

**Broomfield, CO**

Zip

Country

Zip

Country

**80021**

**USA**

4. FEI Number

**84-1242056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete  
NAME **TAGGART, DAVID A**  
STREET ADDRESS **300 NORTH LAKE AVE SUITE 1200**  
CITY-ST-ZIP **PASADENA CA 91101**

TITLE ☒ Change ☐ Addition  
NAME **370 Interlocken Blvd., Ste. 300**  
STREET ADDRESS **Broomfield, CO 80021**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **GILL, JAMES C**  
STREET ADDRESS **370 INTERLOCKEN BLVD SUITE 300**  
CITY-ST-ZIP **BROOMFIELD CO 80021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **UHLER, ROBERT B**  
STREET ADDRESS **370 INTERLOCKEN BLVD SUITE 300**  
CITY-ST-ZIP **BROOMFIELD CO 80021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **FRANKLIN, TERENCE E**  
STREET ADDRESS **1340 TREAT BLVD SUITE300**  
CITY-ST-ZIP **WALNUT CREEK CA 94596**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Lavoie, Blair M.**  
STREET ADDRESS **370 Interlocken Blvd., Ste. 300**  
CITY-ST-ZIP **Broomfield, CO 80021**

TITLE **VP** ☒ Delete  
NAME **MC CLURE, MICHEAL L**  
STREET ADDRESS **370 INTERLOCKEN BLVD SUITE 300**  
CITY-ST-ZIP **BROOMFIELD CO 80021**

TITLE **P** ☐ Change ☒ Addition  
NAME **Swatek, Mark A.**  
STREET ADDRESS **370 Interlocken Blvd., Ste. 300**  
CITY-ST-ZIP **Broomfield, CO 80021**

TITLE **AS** ☐ Delete  
NAME **DONNELLY, MICHAEL**  
STREET ADDRESS **370 INTERLOCKEN BLVD, STE 300**  
CITY-ST-ZIP **BROOMFIELD CO 80021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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

**Michael Donnelly**

**4-01-02**

Date

**(303) 410-4000**

Daytime Phone #

CR2E034 (9/01)