2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000004050

1. Entity Name
MWH CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
370 INTERLOCKED BLVD STE 300 BROOMFIELD, CO 80021 US	370 INTERLOCKED BLVD STE 300 BROOMFIELD, CO 80021 US

02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000082260
03/09/04-80022-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TAGGART, DAVID A
STREET ADDRESS	370 INTERLOCKED BLVD STE 300
CITY-ST-ZIP	PASADENA, CA 91101
TITLE	TV
NAME	GARSON, STEPHEN J.C.
STREET ADDRESS	370 INTERLOCKEN BLVD SUITE 300
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	D
NAME	UHLER, ROBERT B
STREET ADDRESS	370 INTERLOCKEN BLVD SUITE 300
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	VP
NAME	LAVOIE, BLAIR M
STREET ADDRESS	370 INTERLOCKED BLVD STE 300
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	P
NAME	SWATEK, MARK A
STREET ADDRESS	370 INTERLOCKEN BLVD SUITE 300
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	AS
NAME	DONNELLY, MICHAEL
STREET ADDRESS	370 INTERLOCKEN BLVD, STE 300
CITY-ST-ZIP	BROOMFIELD, CO 80021

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Donnelly, Asst. Secy. 2-27-04 303-410-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #