

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90030 043 ***158.75



DOCUMENT # P02000120433
 1. Entity Name
 T.Y. LIN INTERNATIONAL CONSTRUCTION SERVICES, INC.

Principal Place of Business 825 BATTERY STREET SAN FRANCISCO, CA 94111	Mailing Address 825 BATTERY STREET SAN FRANCISCO, CA 94111
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44006148



DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3669334	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, DAVID
 10500 UNIVERSITY CENTER DRIVE
 SUITE 155
 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAGBY, ALLISON K 825 BATTERY STREET SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAUSSMANN, JOHN G 825 BATTERY STREET SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERSON, ROBERT A 825 BATTERY STREET SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILBERT, DAVID 10500 UNIVEWRSITY CENTER DRIVE, SUITE 155 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Allison K. Bagby Allison K. Bagby 1/20/04 415-291-3712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #