

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12337 (2)**  
 1. Corporation Name  
**ROBERTSON-CECO CORPORATION**



Principal Place of Business <b>SUITE 425                  5000 EXECUTIVE PARKWAY                  SAN RAMON CA 94583                  US</b>	Mailing Address <b>SUITE 425                  5000 EXECUTIVE PARKWAY                  SAN RAMON CA 94583                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/02/1986</b>	
<b>4.</b> FEI Number <b>36-3479146</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>C</b>	<input type="checkbox"/> DELETE
NAME <b>SAGE, II A</b>	
STREET ADDRESS <b>1730 LAKEHOUSE DRIVE</b>	
CITY-ST-ZIP <b>N. PALM BEACH FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>ROSKOVENSKY, EL</b>	
STREET ADDRESS <b>4295 QUAIL RUN PLACE</b>	
CITY-ST-ZIP <b>DANVILLE CA</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>MEADWOS, STAN</b>	
STREET ADDRESS <b>45 BELLOWS HILL ROAD</b>	
CITY-ST-ZIP <b>CARLISLE MA</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BAKER, THOMAS C.</b>	
STREET ADDRESS <b>36 CRESCENT STREET APT 8</b>	
CITY-ST-ZIP <b>WAKEFIELD MA</b>	
TITLE <b>ASAT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCCORMACK, PETER C.</b>	
STREET ADDRESS <b>13 WYANE ROAD</b>	
CITY-ST-ZIP <b>WESTFORD MA</b>	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SILLS, JOHN C.</b>	
STREET ADDRESS <b>28-3 CONCORD GREENE</b>	
CITY-ST-ZIP <b>CONCORD MA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CEO and D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Helisley, Michael E</b>	
1.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
1.4 CITY-ST-ZIP <b>San Ramon, CA 94583</b>	
2.1 TITLE <b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Stevens, Ronald D.</b>	
2.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
2.4 CITY-ST-ZIP <b>San Ramon, CA 94583</b>	
3.1 TITLE <b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Glass, Dede A.</b>	
3.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
3.4 CITY-ST-ZIP <b>San Ramon, CA 94583</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Benevento, Frank A, II</b>	
4.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
4.4 CITY-ST-ZIP <b>San Ramon, CA 94583</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Berman, Stanley G</b>	
5.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
5.4 CITY-ST-ZIP <b>San Ramon, CA 94583</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Sage, Gregg C.</b>	
6.3 STREET ADDRESS <b>5000 Executive Parkway, Suite 425</b>	
6.4 CITY-ST-ZIP <b>San Ramon CA 94583</b>	

**14.** 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 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 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 on an attachment with an address.

SIGNATURE: *Dede A. Glass* Dede A. Glass 1/22/98 (H10) 358-0236

CR2E034 (10/97)