

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

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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P29396 (9)
1. Corporation Name
BALFOUR BEATTY CONSTRUCTION, INC.



Principal Place of Business: 999 PEACHTREE ST., N.E. SUITE 200 ATLANTA GA 30309-3964
Mailing Address: 999 PEACHTREE ST., N.E. SUITE 200 ATLANTA GA 30309-3964

3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 08/30/1996
4. FEI Number: 65-0183589
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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 (21-24) and 2a. Mailing Address (26-29) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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	P	<input checked="" type="checkbox"/> DELETE
NAME	BEDELIAN, HARO M	
STREET ADDRESS	999 PEACHTREE ST., N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	WAKE, BYRON J	
STREET ADDRESS	999 PEACHTREE STREET, N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, SIMON R	
STREET ADDRESS	999 PEACHTREE STREET, N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM B	
STREET ADDRESS	999 PEACHTREE STREET, N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRAUTMAN, BEVERLY	
STREET ADDRESS	999 PEACHTREE ST, N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BYCE, JOSEPH	
STREET ADDRESS	999 PEACHTREE ST, N.E., SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30309-3964	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEDELIAN, HARO M	
1.3 STREET ADDRESS	999 PEACHTREE ST., NE, SUITE 200	
1.4 CITY-ST-ZIP	ATLANTA, GA 30309-3964	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PIPER, DAVID A.G.	
2.3 STREET ADDRESS	999 PEACHTREE STREET, NE, SUITE 200	
2.4 CITY-ST-ZIP	ATLANTA, GA 30309-3964	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TARN, HENRY R	
3.3 STREET ADDRESS	1427 ADAMS LAKE BLVD	
3.4 CITY-ST-ZIP	ATLANTA, GA 30339	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCREYNOLDS, JOHN F	
4.3 STREET ADDRESS	3379 GLENROSE TRAIL	
4.4 CITY-ST-ZIP	ATLANTA, GA 30341	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOKE, THOMAS J	
5.3 STREET ADDRESS	7805 LANDOWNE DR	
5.4 CITY-ST-ZIP	DUNWOODY, GA 30350	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: _____ 4-30-97 404-875-0356

CR2E034 (9/96)