

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91566 032 ***150.00

DOCUMENT # P29396

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0183589**

Applied For
 Not Applicable

Zip Country

Zip Country

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	GREENHALGH, ADRIAN J	999 PEACHTREE ST., N.E., SUITE 200	ATLANTA GA	<input type="checkbox"/>	<input type="checkbox"/>
VPD	PIPER, DAVID A	999 PEACHTREE STREET, N.E., SUITE 200	ATLANTA GA	<input type="checkbox"/>	<input type="checkbox"/>
PD	TARN, HENRY R	1427 ADAMS LAKE BLVD	ATLANTA GA	<input type="checkbox"/>	<input type="checkbox"/>
VP	MILLER, WILLIAM B	999 PEACHTREE STREET, N.E., SUITE 200	ATLANTA GA	<input type="checkbox"/>	<input type="checkbox"/>
AS	HEIN, CINDY A	999 PEACHTREE ST, N.E., SUITE 200	ATLANTA GA 30309-3964	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	WEBSTER, JAMES L	999 PEACHTREE ST, N.E., SUITE 200	ATLANTA GA 30309-3964	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR + SUP		4455 NORTHSIDE PKWY APT 360	ATLANTA GA 30327	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR - VP/TREASURER				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP + DIRECTOR	ALASDAIR ROBERTSON	918 GLEN WAY	ATLANTA GA. 30319	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8901 MOUNTAIN RIDGE RD.	AUSTIN TX 78759	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Joanne Balfour **JOANNE BALFOUR** **TRN OFFICER** **DIRECTOR** **4/6/01** **(945) 708 0851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J.A.L. Kipl **Director** **VP/TREASURER** **5/02/01**

CR2E034 (10/00)