

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:57

DOCUMENT # **P36996** (7)
1. Corporation Name
**CYGNA CONSULTING ENGINEERS AND PROJECT MANAGEMEN
T, INC.**

Principal Place of Business Mailing Address
**1800 HARRISON ST
OAKLAND CA 94612
US** **1800 HARRISON ST
OAKLAND CA 94612
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		01/08/1992	02/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		94-2276220	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANE, STEPHEN W	1.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND CA	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, MICHAEL K	2.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND CA	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOELXEN, JAMES	3.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND CA	3.4 CITY- ST- ZIP	
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONITZ, RICHARD E	4.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND CA	4.4 CITY- ST- ZIP	
TITLE	T	5.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	SPOEHEL, RONALD	5.2 NAME	Richard K. Nason
STREET ADDRESS	1800 HARRISON STREET	5.3 STREET ADDRESS	1800 Harrison Street
CITY- ST- ZIP	OAKLAND CA	5.4 CITY- ST- ZIP	Oakland, CA 94612
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, II P	6.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND CA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption applied in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard E. Bonitz* Richard E. Bonitz-Vice President 2-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
510-49-6875
0483284 FP