

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36996** (7)

1. Corporation Name
CYGNA CONSULTING ENGINEERS AND PROJECT MANAGEMENT, INC.



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

3. Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 02/14/1995
4. FEI Number 94-2278220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.
23. City & State	City & State
24. Zip	Country
25. Country	29. Zip
	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. 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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOELXEN, JAMES	3.2 NAME	Assistant Secretary
STREET ADDRESS	1800 HARRISON STREET	3.3 STREET ADDRESS	Catherine N. Howland
CITY - ST - ZIP	OAKLAND CA	3.4 CITY - ST - ZIP	1800 Harrison Street
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Oakland, CA 94612
NAME	BONITZ, RICHARD E	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1800 HARRISON STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	4.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASON, RICHARD K	5.2 NAME	Treasurer
STREET ADDRESS	1800 HARRISON STREET	5.3 STREET ADDRESS	Kenneth D. Campbell
CITY - ST - ZIP	OAKLAND CA	5.4 CITY - ST - ZIP	1800 Harrison Street
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	Oakland, CA 94612
NAME	WEEKS, II P	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 stated in Section 119.07(3)(k), 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: *Catherine N. Howland* 1/24/96 (510) 419-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)