

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

FILED

**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		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 94612-3429 US
---	--

3. Date Incorporated or Qualified 01/08/1992		3a. Date of Last Report 03/05/1996	
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			

2. Principal Place of Business 21 C/O Howland Suite, Apt. #, etc. 22 9300 Lee Highway City & State 23 Fairfax VA Zip 24 22031 Country 25 USA		2a. Mailing Address 26 C/O HOWLAND Suite, Apt. #, etc. 27 9300 Lee Highway City & State 28 Fairfax VA Zip 29 22031 Country 30 USA	
---	--	--	--

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
---	--	---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHANE, STEPHEN W 1800 HARRISON STREET OAKLAND CA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, MICHAEL K 1800 HARRISON STREET OAKLAND CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWLAND, CATHERINE N 1800 HARRISON STREET OAKLAND CA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	AS HOWLAND, CATHERINE N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 Lee Highway Fairfax, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BONITZ, RICHARD E 1800 HARRISON STREET OAKLAND CA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, KENNETH D 1800 HARRISON STREET OAKLAND CA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard K Mason 9300 Lee Highway Fairfax, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, II P 1800 HARRISON STREET OAKLAND CA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Catherine N. Howland CATHERINE N Howland 2/4/97 931-3112

CFR2E034 (9/96)