

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90043 038 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 488402

1. Entity Name
KVAERNER CONSTRUCTION, INC.

Principal Place of Business 1000 W KENNEDY BLVD STE 600 TAMPA FL 33609	Mailing Address 4950 W KENNEDY BLVD STE 600 TAMPA FL 33609-1833 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1630749	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANTALA, RICHARD 4950 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTH, JEFFREY H 4950 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLBE, HERMAN C 4950 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATCH, JOSEPH T 4950 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMACK, NEIL 4950 W KENNEDY BLVD TAMPA FL 33609	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN J. STRYPE 4950 W. KENNEDY BLVD TAMPA, FL 33609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: JEFFREY H. ROTH **JEFFREY H. ROTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2/23/00 Daytime Phone #: 813-282-7100
OFFICER

CR2E034 (9/99)