

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807937

FILED
Apr 11, 2011
Secretary of State

Entity Name: TUTOR PERINI CORPORATION

Current Principal Place of Business:

15901 OLDEN STREET
SYLMAR, CA 91342

New Principal Place of Business:

15901 OLDEN STREET
SYLMAR, CA 91342 US

Current Mailing Address:

15901 OLDEN STREET
SYLMAR, CA 91342

New Mailing Address:

15901 OLDEN STREET
SYLMAR, CA 91342 US

FEI Number: 04-1717070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BAND, ROBERT
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

Title: SVP
Name: LAING, JAMES
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

Title: ST
Name: SPARKS, WILLIAM
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

Title: DIR
Name: ALEXANDER, MARILYN
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

Title: DIR
Name: ARKLEY, PETER
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

Title: DIR
Name: MILLER, ROBERT
Address: 15901 OLDEN STREET
City-St-Zip: SYLMAR, CA 91342 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANDELIN HENDRICKS

POA

04/11/2011

Electronic Signature of Signing Officer or Director

Date