

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849375 (1)

1. Corporation Name
PIZZAGALLI CONSTRUCTION COMPANY



Principal Place of Business 50 JOY DRIVE SOUTH BURLINGTON VT 05407 US	Mailing Address P.O. BOX 2009 SOUTH BURLINGTON VT 05403 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1981	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 03-0259783	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, THOMAS E	1.2 NAME	
STREET ADDRESS	PORTERS PT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLCHESTER VT 05448	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZAGALLI, JAMES	2.2 NAME	
STREET ADDRESS	158 HARBOR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHELburnEN VT 05482	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZAGALLI, ANGELO	3.2 NAME	
STREET ADDRESS	156 HARBOR ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHELburnE VT	3.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZAGALLI, REMO	4.2 NAME	
STREET ADDRESS	RURAL ROUTE 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE VT	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARDT, PETER M	5.2 NAME	
STREET ADDRESS	40 MEADOW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO VT	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, GARY B	6.2 NAME	
STREET ADDRESS	171 B HARBOR ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHELburnE VT	6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* 03/19/98 802-658-4100

CF2E034 (10/97)