

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851223** (8)

1. Corporation Name
MAIN CONSTRUCTORS, INC.

Principal Place of Business SOUTHEAST TOWER PRUDENTIAL CENTER BOSTON MA 02199	Mailing Address 100 WEST WALNUT ST RM T-1107 PASADENA CA 91124-0001 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/08/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2734619	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, ROBERT F	1.2 NAME	
STREET ADDRESS	SE TWR PRUDENTIAL CTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02199	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKHART, KENDALL W.	2.2 NAME	
STREET ADDRESS	2875 MORGANTOWN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	READING PA	2.4 CITY-ST-ZIP	19607
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, GEORGE L.	3.2 NAME	
STREET ADDRESS	2875 MORGANTOWN RD	3.3 STREET ADDRESS	100 WEST WALNUT STREET
CITY-ST-ZIP	READING PA	3.4 CITY-ST-ZIP	PASADENA, CA 91124
TITLE	ASAC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL CHECCOLO, JOHN R.	4.2 NAME	
STREET ADDRESS	SE TOWER, PRUDENTIAL CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	02199
TITLE	DSRV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES JR, SIDNEY B	5.2 NAME	
STREET ADDRESS	SE TOWER, PRUDENTIAL CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	02199
TITLE	ASAC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTEROLF, P ROGER	6.2 NAME	
STREET ADDRESS	100 W WALNUT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	6.4 CITY-ST-ZIP	

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: *X P. Roger Fetterolf* **P. FETTEROLF** 04/25/97 (818) 440-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (9/96)