

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 853714 (4)

1. Corporation Name

BURNS AND ROE CONSTRUCTION GROUP, INC.



Principal Place of Business

800 KINDERKAMACK RD.  
ORADELL NJ 07649

Mailing Address

800 KINDERKAMACK RD.  
ORADELL NJ 07649

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/11/1982

3a. Date of Last Report

02/14/1995

4. FEI Number

22-2386663

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current 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

Signature, typed or printed name of registered agent (if applicable)

(Not for Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | PC                    | <input type="checkbox"/> DELETE            |
| NAME           | MATTESON, HOLLIS C    |                                            |
| STREET ADDRESS | 24 MEADOW AVE         |                                            |
| CITY- ST- ZIP  | MONMOUTH BCH NJ       |                                            |
| TITLE          | CCD                   | <input type="checkbox"/> DELETE            |
| NAME           | ROE, K KEITH          |                                            |
| STREET ADDRESS | WYCKHAM HILL LANE #2  |                                            |
| CITY- ST- ZIP  | GREENWICH, CONN 00000 |                                            |
| TITLE          | VCFO                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, RUSSELL F JR.  |                                            |
| STREET ADDRESS | 30 COLD HILL RD       |                                            |
| CITY- ST- ZIP  | MORRIS PLAINS NJ      |                                            |
| TITLE          | S                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | DOYLE, CHARLES A.     |                                            |
| STREET ADDRESS | 370 RIVER ROAD        |                                            |
| CITY- ST- ZIP  | SCARBOROUGH, NY 10510 |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROE, HOLLACE L        |                                            |
| STREET ADDRESS | 1088 PARK AVE APT 2-C |                                            |
| CITY- ST- ZIP  | NEW YORK, NY 00000    |                                            |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY- ST- ZIP  |                       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            |                                                                              |
| 3. STREET ADDRESS  |                                                                              |
| 4. CITY- ST- ZIP   |                                                                              |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                                                                              |
| 7. STREET ADDRESS  |                                                                              |
| 8. CITY- ST- ZIP   |                                                                              |
| 9. TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME           | TACASORGA                                                                    |
| 11. STREET ADDRESS | MARLBORO, MICHAEL A.                                                         |
| 12. CITY- ST- ZIP  | YAH MYATLO AVE.                                                              |
| 13. CITY- ST- ZIP  | RAMSEY, NY 07446                                                             |
| 14. TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME           | POLICASTRO, ANTONIA                                                          |
| 16. STREET ADDRESS | 784C BOBBY ROAD                                                              |
| 17. CITY- ST- ZIP  | ALIBA EDGE, NY 07661                                                         |
| 18. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 19. NAME           |                                                                              |
| 20. STREET ADDRESS |                                                                              |
| 21. CITY- ST- ZIP  |                                                                              |
| 22. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 23. NAME           |                                                                              |
| 24. STREET ADDRESS |                                                                              |
| 25. CITY- ST- ZIP  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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: *Michael A. Maraboto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Maraboto - TREASURER

8/7/96

201-986-4660

Daytime Phone #

CR2E034 (12/95)