

*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 853714 (4)
1. Corporation Name
BURNS AND ROE CONSTRUCTION GROUP, INC.



Principal Place of Business Mailing Address
800 KINDERKAMACK RD.
ORADELL NJ 07649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/11/1982		08/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		22-2386663		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTESON, HOLLIS C			1.2 NAME			
STREET ADDRESS	24 MEADOW AVE			1.3 STREET ADDRESS	800 Kinderkamack Rd		
CITY-ST-ZIP	MONMOUTH BCH NJ			1.4 CITY-ST-ZIP	Oradell, NJ 07649		
TITLE	CCD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROE, K KEITH			2.2 NAME			
STREET ADDRESS	WYCKHAM HILL LANE #2			2.3 STREET ADDRESS	800 Kinderkamack Rd		
CITY-ST-ZIP	GREENWICH, CONN 06000			2.4 CITY-ST-ZIP	Oradell, NJ 07649		
TITLE	M	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCOPOTO, MICHAEL A.			3.2 NAME			
STREET ADDRESS	244 MYRTLE AVE.			3.3 STREET ADDRESS	800 Kinderkamack Rd		
CITY-ST-ZIP	RAMSEY NJ 07446			3.4 CITY-ST-ZIP	Oradell, NJ 07649		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLICASTRO, AORTIA			4.2 NAME			
STREET ADDRESS	284-C BOGERT ROAD			4.3 STREET ADDRESS	Portia Policastro		
CITY-ST-ZIP	RIVER EDGE NJ 07661			4.4 CITY-ST-ZIP	800 Kinderkamack Rd		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Director		
STREET ADDRESS				5.3 STREET ADDRESS	Randall B. Roe		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	800 Kinderkamack Rd		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Director		
STREET ADDRESS				6.3 STREET ADDRESS	W. Barton Roe		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	800 Kinderkamack Rd		

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: _____ 8/1/97

CR2E034 (4/97)