

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006851

1. Entity Name

STONE & WEBSTER CONSTRUCTION, INC.

Principal Place of Business

8545 UNITED PLAZA BLVD.
BATON ROUGE LA 70809

Mailing Address

8545 UNITED PLAZA BLVD.
BATON ROUGE LA 70809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1481673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BELK, ROBERT L
STREET ADDRESS 8545 UNITED PLAZA BLVD.
CITY-ST-ZIP BATON ROUGE LA 70809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME GRAPHIA, GARY P
STREET ADDRESS 8545 UNITED PLAZA BLVD.
CITY-ST-ZIP BATON ROUGE LA 70809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME EDWARDS, PAUL D
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ELLENBERGER, DAVID
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME OHNIGIAN, JAMES S
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME VOZZELLA, JOSEPH R
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90091 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

April 25, 2001 (225) 932-2500