## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

BATON ROUGE, LA 70809

changed, or on an attachment with an address, with all other like empowered.

## **Secretary of State** DOCUMENT # F00000006851 03-01-2005 90077 030 \*\*\*150.00 1. Entity Name STONE & WEBSTER CONSTRUCTION, INC. Principal Place of Business Mailing Address 4171 ESSEN LANE 4171 ESSEN LANE ATTN: DEBRA J. ROBERSON ATTN: DEBRA J. ROBERSON BATON ROUGE, LA 70809 BATON ROUGE, LA 70809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Cha-P CR2E034 (10/03) City & State City & State 4 FELNumber Applied For 75-1481673 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete ☐ Addition TITLE TITLE ☐ Change BELK, ROBERT L NAME NAME STREET ADDRESS 4171 ESSEN LANE STREET ADDRESS BATON ROUGE, LA 70809 CITY-ST-ZIP CITY - ST-ZIP VSTD ☐ Delete TITLE TITLE ☐ Change ☐ Addition GRAPHIA, GARY P NAME NAME STREET ADDRESS 4171 ESSEN LANE STREET ADDRESS BATON ROUGE, LA 70809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EDWARDS, PAUL D NAME NAME 245 SUMMER STREET STREET ADORESS STREET ADDRESS BOSTON, MA 02110 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition ELLENBERGER, DAVID NAME NAME 245 SUMMER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Channe 🕽 Delete OHNIGIAN, JAMES S NAME NAME 245 SUMMER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition COX, ELIZABETH S NAME NAME STREET ADDRESS 4171 ESSEN LANE STREET ADDRESS

CITY-ST-ZIP 12. 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 10 or Block 11 if

FILED Mar 01, 2005 8:00 am