

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000005641

FILED
Apr 17, 2009
Secretary of State**Entity Name:** CH CONSTRUCTION, INC.**Current Principal Place of Business:**9143 PHILIPS HIGHWAY
SUITE 350
JACKSONVILLE, FL 32256**New Principal Place of Business:****Current Mailing Address:**26 TECHNOLOGY DRIVE
IRVINE, CA 92618**New Mailing Address:****FEI Number:** 20-0340137**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: DELAO, GINA D
Address: 26 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: PST () Delete
Name: JACKSON, WOLFE
Address: 9143 PHILIPS HIGHWAY, SUITE 350
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS () Delete
Name: BABEL, JOHN P
Address: 26 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: D () Delete
Name: CAMPBELL, KENNETH L
Address: 26 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: AT () Delete
Name: MCKIBBIN, LLOYD H
Address: 26 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: DAT () Delete
Name: STEPHENS, JOHN M
Address: 26 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change () Addition
Name: PELLETZ, DAVID
Address: 9143 PHILIPS HIGHWAY, SUITE 350
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: WATTS, FRANK DAVID
Address: 9143 PHILIPS HIGHWAY, SUITE 350
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA D. DELAO, ASSISTANT SECRETARY

AS

04/17/2009

Electronic Signature of Signing Officer or Director

Date