2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006529

FILED Mar 15, 2006 Secretary of State

Entity Name: GREAT LAKES DREDGE & DOCK CORPORATION OF DELAWARE

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
2122 YORK ROAD - TAX DEPT. OAK BROOK, IL 60523						
Current Mailing Address:			New Mailir	New Mailing Address:		
2122 YORK ROAD - TAX DEPT. OAK BROOK, IL 60523						
FEI Number:	13-3634726	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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			t	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () MACKIE, DOUG 1716 HIGHLANE GLENVIEW, IL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SOULELES, THO	ATIONAL PLAZA, SUITE 3800	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	GRISSOM, DOU	ATIONAL PLAZA, SUITE 3800	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MENCOFF, SAM	ATIONAL PLAZA, SUITE 3800	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VT () WENSEL, DEBC 211 HOLMES AV CLARENDON HI	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () BRAUN, LESLIE 2122 W. POTON CHICAGO, IL 60	/AC AVE.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition BURKE, ELLEN P 24W431 CAVALIERI LANE NAPERVILLE, IL 60540		
I hereby certify that the information supplied with this filing does not qualify for the 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						

SIGNATURE: ELLEN PARKER BURKE S

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