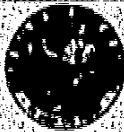


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000274 (2)

1. Corporation Name

SIGAL CONSTRUCTION CORPORATION

Principal Place of Business

3299 K STREET, N.W.
WASHINGTON DC 20007

Mailing Address

3299 K STREET, N.W.
WASHINGTON DC 20007

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

04/19/1994

4. FBI Number

52-1072370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCS
NAME	SIGAL, GERALD R
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007
TITLE	DVC
NAME	SIGAL, ELLEN V
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007
TITLE	P
NAME	TURNER, J. A III
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007
TITLE	VP
NAME	O'DAY, SEAN
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007
TITLE	S
NAME	SIGAL, GERALD R
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007
TITLE	T
NAME	PUTTERMAN, ANDREW
STREET ADDRESS	3299 K STREET, N.W.
CITY - ST - ZIP	WASHINGTON DC 20007

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW PUTTERMAN

Date

Daytime Phone #