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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000274 (2)

1. Corporation Name  
SIGNAL CONSTRUCTION CORPORATION

Principal Place of Business

3299 K STREET, N.W.  
WASHINGTON DC 20007

Mailing Address

3299 K STREET, N.W.  
WASHINGTON DC 20007-4415



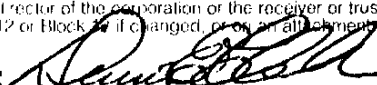
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 04/02/1996
21		26		4. FEI Number 52-1072370	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGNAL, GERALD R	1.2 NAME	
STREET ADDRESS	3299 K STREET, N.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20007	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DAY, SEAN	2.2 NAME	
STREET ADDRESS	3299 K STREET, N.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	TAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer/ Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUTTERMAN, ANDREW	3.2 NAME	Clark E. Dennis
STREET ADDRESS	3299 K STREET, N.W.	3.3 STREET ADDRESS	3299 K Street, NW
CITY - ST - ZIP	WASHINGTON DC	3.4 CITY - ST - ZIP	Washington, DC 20007
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:  Dennis E. Clark

02/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497400

CR2E034 (9/96)