

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000355

Entity Name: JACOBS FACILITIES INC.

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

501 NORTH BROADWAY
SAINT LOUIS, MO 63102

New Principal Place of Business:

Current Mailing Address:

PO BOX 7084
PASADENA, CA 911097084

New Mailing Address:

ATTN: TAX DEPT. PO BOX 7084
PASADENA, CA 911097084 US

FEI Number: 43-1622210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEAN, WARREN M
Address: 501 N. BROADWAY
City-St-Zip: SAINT LOUIS, MO 63102

Title: CD () Delete
Name: MARTIN, CRAIG L
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: AT () Delete
Name: GOLDFARB, JEFF M
Address: 501 N. BROADWAY
City-St-Zip: SAINT LOUIS, MO 63102

Title: S () Delete
Name: MARKLEY, W.C.
Address: 1111 S ARROYO PKWY
City-St-Zip: PASADENA, CA 91105

Title: T () Delete
Name: PROSSER, J.W.
Address: 1111 S. ARROYO PKWY
City-St-Zip: PASADENA, CA 91105

Title: AS () Delete
Name: ROBERTSON, JEFFREY D
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: MARKLEY, III, WILLIAM C
Address: 1111 S ARROYO PKWY
City-St-Zip: PASADENA, CA 91105

Title: T (X) Change () Addition
Name: PROSSER, JR, JOHN W
Address: 1111 S. ARROYO PKWY
City-St-Zip: PASADENA, CA 91105

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: JOHN W. PROSSER, JR.

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04/02/2008

Electronic Signature of Signing Officer or Director

Date