FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-24-95

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

B-68916 C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:47

DOCUMENT # F94000001422 (4)

1. Corporation Name

THE ATLAS CONSTRUCTION COMPANY OF CT, INC.

Principal Place of Business	Mailing Address
110 LENOX AVENUE PO BOX 2099 STAMFORD CT 06906	110 LENOX AVENUE PO BOX 2099 STAMFORD CT 06906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 06-0736952 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) County (25)
Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: IRWIN BROMLEY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 13126 LALIQUE COURT
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

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: Irwin Bromley IRWIN BROMLEY DIRECTOR 5/19/95
Signature, type 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	PC	11 TITLE		☐ Change ☐ Addition
NAME	GAMBINO, JOSEPH L	12 NAME		
STREET ADDRESS	370 SCOFIELDTOWN ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06903	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	CARLSON, ROBERT S	22 NAME		
STREET ADDRESS	82 CORAL DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT 06430	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☒ Change ☐ Addition
NAME	JACOBSEN, ROBERT N	32 NAME		
STREET ADDRESS	2289 BEDFORD ST.	33 STREET ADDRESS	2 HAVILAND COURT	
CITY-ST-ZIP	STAMFORD CT 06905	34 CITY-ST-ZIP	STAMFORD CT 06903	
TITLE	VC	41 TITLE		☐ Change ☐ Addition
NAME	FOWLER, CLAYTON H	42 NAME		
STREET ADDRESS	215 UPPER SHAD RD	43 STREET ADDRESS		
CITY-ST-ZIP	POUND RIDGE NY 10576	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROMLEY, IRWIN	52 NAME		
STREET ADDRESS	13126 LALIQUE COURT	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CONSTANTINO, JOSEPH M	62 NAME		
STREET ADDRESS	BOX 84,RURAL ROUTE 3	63 STREET ADDRESS		
CITY-ST-ZIP	POUND RIDGE NY 10576	64 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 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: Robert N. Jacobsen 5-14-95 203-327-7330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT N. JACOBSEN, SEC'Y

0484031 FN