

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000003779 (4)

1. Corporation Name
KOLL CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 3020 OLD RANCH PKWY., STE 250 3020 OLD RANCH PKWY., STE 250
 SEAL BEACH CA 90740 SEAL BEACH CA 90740

3. Date Incorporated or Qualified 08/04/1995
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 4343 Von Karman Ave. 26 KOLL CONSTRUCTION
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Newport Beach 27 4343 Von Karman Ave.
 City & State City & State
 23 California 92660 28 Newport Beach, CA
 Zip Country Zip Country
 24 25 29 92660 30 USA

4. FEI Number 33-0152757 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

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324
 10. Name and Address of New Registered Agent
 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 Victor D. Laidlaw 12/4/96
 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	DC	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KOLL, DONALD M		12 NAME				
STREET ADDRESS	4343 VON KARMEN AVE		13 STREET ADDRESS				
CITY - ST - ZIP	NEWPORT BEACH CA 92680		14 CITY - ST - ZIP				
TITLE	DC	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WIRTA, RAYMOND E		22 NAME				
STREET ADDRESS	4343 VON KARMEN AVE		23 STREET ADDRESS	500002030165--6			
CITY - ST - ZIP	NEWPORT BEACH CA 92680		24 CITY - ST - ZIP	-12/17/96--01040--005			
TITLE	DP	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAIDLAW, VICTOR D		32 NAME				
STREET ADDRESS	3020 OLD RANCH PKWY., STE 250		33 STREET ADDRESS	7031 Koll Center Parkway #150			
CITY - ST - ZIP	SEAL BEACH CA 90740		34 CITY - ST - ZIP	Pleasanton, CA 94566			
TITLE	V	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KOSKI, MICHAEL L		42 NAME				
STREET ADDRESS	7031 KOLL CENTER PKWY., #150		43 STREET ADDRESS				
CITY - ST - ZIP	PLEASANTON CA 94566		44 CITY - ST - ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SUMMERFORD, JAMES J		52 NAME				
STREET ADDRESS	3020 OLD RANCH PKWY., STE 250		53 STREET ADDRESS				
CITY - ST - ZIP	SEAL BEACH CA 90740		54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - ST - ZIP			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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Koski 9/19/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHAEL KOSKI

CR2E034 (3/96)