

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
SEAL BEACH CA 90740

3020 OLD RANCH PKWY., STE 250
SEAL BEACH CA 90740

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

4343 Von Karman Ave.

2a. Mailing Address

KOLL CONSTRUCTION

4. FEI Number

33-0152757

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Newport Beach

4343 Von Karman Ave.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

California 92660

Newport Beach, CA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 92660

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 ROAD
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

VICTOR D. LAIDLAW

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

12/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME KOLL, DONALD M
STREET ADDRESS 4343 VON KARMEN AVE
CITY - ST - ZIP NEWPORT BEACH CA 92660

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DC
NAME WIRTA, RAYMOND E
STREET ADDRESS 4343 VON KARMEN AVE
CITY - ST - ZIP NEWPORT BEACH CA 92660

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

500002030165--6
-12/17/96--01040--005
****375.00 ****375.00

TITLE DP
NAME LAIDLAW, VICTOR D
STREET ADDRESS 3020 OLD RANCH PKWY., STE 250
CITY - ST - ZIP SEAL BEACH CA 90740

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

7031 Koll Center Parkway #150
Pleasanton, CA 94566

TITLE V
NAME KOSKI, MICHAEL L
STREET ADDRESS 7031 KOLL CENTER PKWY., #150
CITY - ST - ZIP PLEASANTON CA 94566

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ST
NAME SUMMERFORD, JAMES J
STREET ADDRESS 3020 OLD RANCH PKWY., STE 250
CITY - ST - ZIP SEAL BEACH CA 90740

☒ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KOSKI

DATE

Daytime Phone #

CR2E034 (3/96)