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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003779 (4)

KOLL CONSTRUCTION, INC.

SIGNATURE:

Principal Place of Business Mailing Address KOLL CONSTRUCTION 4343 von Karman avenue 4343 VON KARMAN AVENUE **NEWPORT BEACH CA 92660** NEWPORT BEACH CA 82660-2005 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1995 12/13/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 33-0152757 Not Applicable 21 26 Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zιρ Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City 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. From familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative it specific printed halps of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. Change DELETE DC 1.1 TIDE THE KOLL, DONALD M 1.2 NAME NAVE CR2E034 4343 VON KARMEN AVE 1.3 STREET ADDRESS STREET ADDRESS NEWPORT BEACH CA 92660 CITY - \$1 - 716 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE THEE WIRTA, RAYMOND E 22 NAME NAMI 4343 VON KARMEN AVE 23 STREET ADDRESS STREET ADDRESS **NEWPORT BEACH CA 92660** 2 4 City - St - 7/P CITY - ST - ZIP DELETE 31 TITLE Change Addition THE DP LAIDLAW, VICTOR D NAME 32 NAME 7031 KOLL CENTER PARKWAY #150 **33 STREET ADDRESS** STREET ADDRESS **PLEASANTON CA 94566** 3 4. CITY-ST-ZIP CHTY-ST-ZIP Change DELETE 4.1 TITLE Addition TIT: F KOSKI, MICHAEL L 4 2 NAME NAME 7031 KOLL CENTER PKWY., #150 4.3 STREET ADDRESS STREET ADDRESS PLEASANTON CA 94566 44 City-St-ZiP CHTY ST-ZIP Change Addition DELETE 51 TITL€ TILLE 5.2 NAME NAME 6020-OLD RANOH PRAYS; OTE-250 5.3 STREET ADDRESS STREET ADDRESS 'OEAL DEACH OA 90740 5.4 CITY - ST - ZIP DIY-SI-ZP Addition DELETE Change TILLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Ido 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 exportation 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 AND TYPED OR PRINTED NAME OF SIGNING D