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FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005680 (1)

1. Corporation Name

SAW CONSTRUCTION CORPORATION

Principal Place of Business

1430 ENCLAVE PARKWAY
HOUSTON TX 77077

Mailing Address

1430 ENCLAVE PARKWAY
HOUSTON TX 77077-2023



3. Date Incorporated or Qualified

10/31/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

76-0254098

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DURNING, PETER F	
STREET ADDRESS	250 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOETTCHER, ROBERT R	
STREET ADDRESS	1430 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77077	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALSH, EDWARD J	
STREET ADDRESS	250 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, KENNETH E	
STREET ADDRESS	1430 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77077	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCGANN, JOHN P	
STREET ADDRESS	250 WEST 34 STREET	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Catherine Morion	
1.3 STREET ADDRESS	250 West 34th Street	
1.4 CITY-ST-ZIP	New York, NY 10119	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 and has not changed, or is an attachment with an address.

SIGNATURE:

Peter F. Durning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter F. Durning 4/17/97

Date

Daytime Phone #

212-290-7515

CR2E034 (9/96)