

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90099 024 \*\*\*150.00

DOCUMENT # F97000006900

1. Corporation Name

KOLL CONTRACTORS, INC.

Principal Place of Business

4343 VON KARMAN  
NEWPORT BEACH CA 92660

Mailing Address

4343 VON KARMAN  
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

33-0725821

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PC  
NAME KOLL, DONALD M  
STREET ADDRESS 4343 VON KARMAN AVENUE  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE EV ☐ DELETE

NAME KOSKI, MICHAEL L  
STREET ADDRESS 7031 CENTER PARKWAY, #150  
CITY-ST-ZIP PLEASANTON CA 94566

TITLE S ☐ DELETE

NAME BUCK, SYDNEY E  
STREET ADDRESS 4343 VON KARMAN AVENUE  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE CFO ☐ DELETE

NAME MIZELL, JAMES E II  
STREET ADDRESS 4343 VON KARMAN AVENUE  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE COO ☐ DELETE

NAME WIRTA, RAYMOND E.  
STREET ADDRESS 4343 VON KARMAN AVE  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE P ☐ DELETE

NAME LAIDLAW, VICTOR D.  
STREET ADDRESS 4343 VON KARMAN AVE  
CITY-ST-ZIP NEWPORT BEACH CA 92660

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(949)  
4-25-99 833-3030

CR2E034 (1/98)

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