

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001682

1. Entity Name

GUY F. ATKINSON CONSTRUCTION CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90024 019 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 Union Boulevard

3. Mailing Address

7500 Old Georgetown Road

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Lakewood, CO

City & State

Bethesda, MD

Zip

80228

Country

Zip

20814

Country

4. FEI Number

52-2001240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME MONTGOMERY, DAN T
 STREET ADDRESS 7500 OLD GEORGETOWN ROAD
 CITY-ST-ZIP BETHESDA MD

TITLE Secretary ☐ Change ☒ Addition
 NAME R. Steven Holt
 STREET ADDRESS 7500 Old Georgetown Road
 CITY-ST-ZIP Bethesda, MD 20814

TITLE VSD ☐ Delete
 NAME SHOOK, WILSON M
 STREET ADDRESS 216 SOUTH JEFFERSON STREET
 CITY-ST-ZIP CHICAGO IL

TITLE Executive Vice Pres/ Director ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VT ☐ Delete
 NAME VASWANI, RICHARD
 STREET ADDRESS 7500 OLD GEORGETOWN ROAD
 CITY-ST-ZIP BETHESDA MD

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS ☐ Delete
 NAME ROSS, SUSAN W
 STREET ADDRESS 7500 OLD GEORGETOWN ROAD
 CITY-ST-ZIP BETHESDA MD

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD ☐ Delete
 NAME FORSTER, PETER C
 STREET ADDRESS 7500 OLD GEORGETOWN ROAD
 CITY-ST-ZIP BETHESDA MD

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VAS ☐ Delete
 NAME HOOD, FRANCIS R
 STREET ADDRESS 544 GOLDEN GATE AVENUE
 CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 25151 Clawiter Road
 CITY-ST-ZIP Hayward, CA 94545

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  R. Steven Holt, Secretary

4/27/00

(301) 272-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/99)