## 9000003389



ACCOUNT NO.

072100000032

REFERENCE :

419322

4341885

AUTHORIZATION

ORDER DATE: February 27, 2002

ORDER TIME : 10:11 AM

ORDER NO. : 419322-345

400005043574

CUSTOMER NO: 4341885

CUSTOMER: Brett A. Phillips, Cfo Sordoni Skanska Inc.

Skanska Usa Building Inc.

99 Cherry Hill Road, Suite 301

Parsippany, NJ 07054

CHANGE OF AGENT

NAME: SORDONI SKANSKA INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar 1124

C. Coullistte MAR 0 5 2002

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of submits the following statement in order to change its r	
the State of Florida.	
1. The name of the corporation: SORDONI SKANSKA INC	
2. The mailing address of the corporation: 400 Interp	ace Parkway, Bldg. C., Parsippany, NJ 07054
	Fig. 200
3. Date of incorporation/qualification: 06/30/1999	Document number: F9900000384
4. The name and address of the current registered agent a	:-1
C T Corporation System	
1200 Pine Island Road	PM 3: 20 FF STATE FLORIDA
Plantation, FL 33324	•
5. The name and address of the new registered agent (if each O. Box Not Ac	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	d by its board of directors or by an officer so
	2(12/02
(Signature of an officer, chairman or vice chairman of the board	(Date)
Brett A. Phillips, Sr. V.P., CFO, Treas. (Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regist I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and cregistered agent.	ered agent and agree to act in this capacity. utes relative to the proper and complete
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Maureen W. Cullen	Asst. V.P.
(Typed or Printed Name)	(Capacity)
* * * FILING FEE:	\$35.00 * * *

CR2E045(9/00)