2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F9900005413** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** JACOBS SVERDRUP CONSTRUCTORS INC. 03-01-2000 90027 030 ***158.75 Principal Place of Business Mailing Address 13723 RIVERFRONT DRIVE 13723 RIVERFRONT DRIVE MARYLAND HEIGHTS MO 63043 MARYLAND HEIGHTS MO 63043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 43-1865020 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD Change ☐ Addition TITLE Delete TITLE NAME NAME CARLSON, ANDREW E STREET ADDRESS STREET ADDRESS 13723 RIVERFRONT DRIVE CITY-ST-ZIP CITY-ST-ZIP MARYLAND HEIGHTS MO 63043 ☐ Change Addition Delete TITLE TITLE CRAM, SCOTT W NAME NAME STREET ADDRESS STREET ADDRESS 1670 BROADWAY, SUITE 3200 CITY-ST-ZIP CITY-ST-ZIP **DENVER CO 80202** Change ☐ Addition ☐ Delete TITLE TITLE SNIGER, LEO M NAME NAME STREET ADDRESS STREET ADDRESS 13723 RIVERFRONT DRIVE CITY-ST-ZIP CITY-ST-ZIP MARYLAND HEIGHTS MO 63043 ☐ Change Addition ☐ Delete TITLE MARKLEY, WILLIAM C III NAME STREET ADDRESS 1111 SOUTH ARROYO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91105 TITLE ☐ Delete TITLE Change ■ Addition PROSSER, JOHN W NAME STREET ADDRESS STREET ADDRESS 1111 SOUTH ARROYO PARKWAY CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91105 ☐ Delete TITLE Change ☐ Addition TITLE SLATER, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 1111 S. ARROYO PARKWAY CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91105

SIGNATURE: Auditure and typed or printed name of Signing Officer or Director 2/13/00 3/4/770-420

Signature and typed or Printed name of Signing Officer or Director 2/13/00 3/4/770-420

13. I hereby certify that the information supplied with this filling 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.