

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 046 ***158.75

DOCUMENT # F99000005413

1. Entity Name
JACOBS CONSTRUCTION SERVICES INC.



Principal Place of Business
**501 N. BROADWAY
SAINT LOUIS MO 63102**

Mailing Address
~~501 N. BROADWAY~~
~~SAINT LOUIS MO 63102~~
P.O. Box 7084
Pasadena CA 91109-7084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1865020**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PCD**
STREET ADDRESS **CARLSON, ANDREW E**
CITY-ST-ZIP **13723 RIVERFRONT DRIVE**
MARYLAND HEIGHTS MO 63043 ☒ Delete

TITLE
NAME **VP & Director of Operations** ☒ Change ☐ Addition
STREET ADDRESS **Laurance R. Sadoff**
CITY-ST-ZIP **5995 Rogerdale Rd, Houston, TX 77072**

TITLE
NAME **V**
STREET ADDRESS **CRAM, SCOTT W**
CITY-ST-ZIP **1670 BROADWAY, SUITE 3200**
DENVER CO 80202 ☒ Delete

TITLE
NAME **Assistant Secretary** ☒ Change ☐ Addition
STREET ADDRESS **James J. Scott**
CITY-ST-ZIP **501 N. Broadway, St. Louis, MO 63102**

TITLE
NAME **V**
STREET ADDRESS **SNIGER, LEO M**
CITY-ST-ZIP **13723 RIVERFRONT DRIVE**
MARYLAND HEIGHTS MO 63043 ☒ Delete

TITLE
NAME **Assistant Treasurer** ☒ Change ☐ Addition
STREET ADDRESS **Jeff M. Goldfarb**
CITY-ST-ZIP **501 N. Broadway, St. Louis, MO 63102**

TITLE
NAME **S**
STREET ADDRESS **MARKLEY, WILLIAM C III**
CITY-ST-ZIP **1111 SOUTH ARROYO PARKWAY**
PASADENA CA 91105 ☐ Delete

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

TITLE
NAME **T**
STREET ADDRESS **PROSSER, JOHN W**
CITY-ST-ZIP **1111 SOUTH ARROYO PARKWAY**
PASADENA CA 91105 ☐ Delete

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

TITLE
NAME **D**
STREET ADDRESS **SLATER, RICHARD J**
CITY-ST-ZIP **1111 S. ARROYO PARKWAY**
PASADENA CA 91105 ☒ Delete

TITLE
NAME **Director** ☒ Change ☐ Addition
STREET ADDRESS **Thomas R. Hammond**
CITY-ST-ZIP **1111 S. Arroyo Pkwy, Pasadena, CA 91105**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Prosser, Jr.* **SIGNATURE REQUIRED** **Prosser, Jr.** Treasurer 04/09/03 (626) 578-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)