2003 FOR PROFIT CORPORATION

Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** K97171 DOCUMENT # 1. Entity Name 04-25-2003 90132 038 ***150.00 WILBRO JOINT VENTURES, INC. Principal Place of Business Mailing Address 1400 GARVEY RD S.W 1400 GARVEY RD S.W. 60022604 PALM BAY FL 32908 PALM BAY FL 32908 2. Principal Place of Bysiness 3. Mailing Address County Sam c Brevara Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2957243 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Williams WILLIAMS, ELIZABETH C Street Address (P.O. Box Number is Not Acceptable) 1400 GARVEY ROAD, S.W. Garvey PALM BAY FL 32908 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 313012003 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PID TITLE TITLE Addition Delete Williams; Paul, D. williams, Paul D NAME NAME 1400 Garvey Rd. . S. W. 1400 GARVEY ROAD, SW STREET ADDRESS STREET ADDRESS PALM BAY FL 32908 Palm Bay, Fla. 32908 CITY-ST-ZIP CITY-ST-ZIP Addition Change Change TITLE Delete TITLE Williams, Daniel L. WILLIAMS, DANIEL L NAME NAME STREET ADDRESS 1300 GARVEY RD S.W. STREET ADDRESS 1300 Garvey Rol. S. W. Palm Bay FL 32908 CITY-ST-ZIP CITY-ST-ZIP Palm Bay, Fla, 32908 SIT Williams, marlone O. Change Change Delete TITLE TITLE Addition williams. Elizabeth C NAME NAME 1400 Garrey Ad. S.W. 1400 GARVEY ROAD SW STREET ADDRESS STREET ADDRESS Palm bay fl 32908 CITY-ST-7IP Palm Bay, Fla, 32908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

FILED