

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002722**1. Entity Name
GUY F. ATKINSON CONSTRUCTION, LLCPrincipal Place of Business
200 UNION BLVD., STE. 400
LAKEWOOD CO 80228Mailing Address
200 UNION BLVD., STE. 400
LAKEWOOD CO 80228

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
52-2234755Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 USName
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 _____ 03/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	ADAMS ROBERT A	600 NACHES AVENUE, SW	RENTON WA 98057		
MGR	RESEIGH ROBERT A	200 UNION BOULEVARD, SUITE 400	LAKEWOOD CO 80228		
MGR	HOLT R. STEVEN	7500 OLD GEORGETOWN ROAD	BETHESDA MD 20814		
MGR	SYLVESTER ALLAN U	7500 OLD GEORGETOWN ROAD	BETHESDA MD 20814		
MGR	MONTGOMERY DAN T	7500 OLD GEORGETOWN ROAD	BETHESDA MD 20814		
MGR	FORSTER PETER C	7500 OLD GEORGETOWN ROAD	BETHESDA MD 20814		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: R. Steven Holt MGR 03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)