

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90030 043 \*\*\*158.75



DOCUMENT # P02000120433  
 1. Entity Name  
 T.Y. LIN INTERNATIONAL CONSTRUCTION SERVICES, INC.

Principal Place of Business 825 BATTERY STREET SAN FRANCISCO, CA 94111	Mailing Address 825 BATTERY STREET SAN FRANCISCO, CA 94111
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44006148



**DO NOT WRITE IN THIS SPACE**

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3669334	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, DAVID  
 10500 UNIVERSITY CENTER DRIVE  
 SUITE 155  
 TAMPA, FL 33612

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	BAGBY, ALLISON K
STREET ADDRESS	825 BATTERY STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	DP
NAME	HAUSSMANN, JOHN G
STREET ADDRESS	825 BATTERY STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	DS
NAME	PETERSON, ROBERT A
STREET ADDRESS	825 BATTERY STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	VP
NAME	GILBERT, DAVID
STREET ADDRESS	10500 UNIVEWRSITY CENTER DRIVE, SUITE 155
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Allison K. Bagby Allison K. Bagby 1/20/04 415-291-3712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #