## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000120433

Name: Address:

City-St-Zip:

FILED Jan 10, 2005 Secretary of State

Entity Name: T.Y. LIN INTERNATIONAL CONSTRUCTION SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 825 BATTERY STREET 2 HARRISON ST., STE. 500 SAN FRANCISCO, CA 94111 SAN FRANCISCÓ, CA 94105 **Current Mailing Address: New Mailing Address:** 2 HARRISON ST., STE. 500 825 BATTERY STREET SAN FRANCISCO, CA 94105 SAN FRANCISCO, CA 94111 FEI Number: 38-3669334 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILBERT, DAVID 10500 UNIVERSITY CENTER DRIVE SUITE 155 TAMPA, FL 33612 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BAGBY, ALLISON K Name: Name: BAGBY, ALLISON K 825 BATTERY STREET 2 HARRISON ST., STE. 500 Address: Address: SAN FRANCISCO, CA 94111 City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94105 DP Title: DΡ (X) Change ( ) Addition Title: () Delete Name: HAUSSMANN, JOHN G Name: HAUSSMANN, JOHN G **825 BATTERY STREET** 2 HARRISON ST., STE. 500 Address: Address: SAN FRANCISCO, CA 94105 SAN FRANCISCO, CA 94111 City-St-Zip: City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: DS Title: DS PETERSON, ROBERT A PETERSON, ROBERT A Name: Name: 825 BATTERY STREET 2 HARRISON ST., STE, 500 Address: Address: SAN FRANCISCO, CA 94111 City-St-Zip: SAN FRANCISCO, CA 94105 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition GILBERT, DAVID

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLISON BAGBY AS 01/10/2005

10500 UNIVEWRSITY CENTER DRIVE, SUITE 155

TAMPA, FL 33612