2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P02000120433 04-17-2008 90023 036 ***150.00 T.Y. LIN INTERNATIONAL CONSTRUCTION SERVICES, Principal Place of Business Mailing Address 4 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 2 HARRISON ST., STE. 500 2 HARRISON ST., STE. 500 SAN FRANCISCO, CA 94105 SAN FRANCISCO, CA 94105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-3669334 Not Applicable Zip 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 Name BLOUNT, STEVEN Street Address (P.O. Box Number is Not Acceptable) 12802 TAMPA OAKS BLVD STE 245 TEMPLE TERRACE, FL 33637 City 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 aignature required when reinstating) - DATE- --9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. AS TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAGBY, ALLISON K NAME NAME STREET ADDRESS 2 HARRISON ST., STE. 500 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94105 CITY-ST-ZIP DP ☐ Addition TITLE ☐ Delete NAME HAUSSMANN, JOHN G NAME STREET ADDRESS 2 HARRISON ST., STE. 500 STREET ADDRESS CITY-ST-7IP SAN FRANCISCO, CA 94105 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PETERSON, ROBERT A NAME 2 HARRISON ST., STE. 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94105 CITY-ST-ZIP TITLE VΡ Delete TITLE ☐ Change ☐ Addition GILBERT, DAVID NAME NAME STREET ADDRESS 10500 UNIVEWRSITY CENTER DRIVE, SUITE 155 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TEMPLE TERRACE, FL 33612 VP ☐ Delete ☐ Channe ☐ Addition TITLE TITLE BLOUNT, STEVEN NAME NAME STREET ADDRESS 12802 TAMPA OAKS BLVD STE 245 STREET ADDRESS CITY-ST-ZIP TAMPA, FL. 33637 CITY-ST-7IP Addition | ☐ · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

CALLISUN K. BAGBY

(415) 291-3714

FILED