

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000098670

FILED
Jul 01, 2009
Secretary of State**Entity Name:** BOUYGUES CIVIL WORKS FLORIDA, INC.**Current Principal Place of Business:**8000 TOWERS CRESCENT DRIVE
SUITE 900
VIENNA, VA 22182 US**New Principal Place of Business:**MIAMI DOWNTOWN CENTER / 201 SOUTH
BISCAYNE BLD / SUITE 2813
MIAMI, FL 33131 US**Current Mailing Address:**8000 TOWERS CRESCENT DRIVE
SUITE 900
VIENNA, VA 22182 US**New Mailing Address:**MIAMI DOWNTOWN CENTER / 201 SOUTH
BISCAYNE BLD / SUITE 2813
MIAMI, FL 33131 US**FEI Number:** 75-3269225**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GAZAIGNES, CHRISTIAN
Address: 54 RUE REMONT
City-St-Zip: 78000 VERSAILLES, FRANCE,

Title: D () Delete
Name: MARC, ADLER
Address: 47 BOULEVARD VITAL BOUHOT 92200 NEUILLY-
City-St-Zip: SUR-SEINE, FRANCE,

Title: D () Delete
Name: TARRALLE, BERNARD
Address: 33 RUE JEANNE D'ALBRET
City-St-Zip: 1700 LA ROCHELLE FRANCE,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TARRALLE, BERNARD
Address: 3315 WISCONSIN AVENUE
City-St-Zip: NW WASHINGTON, DC 20016 US

Title: D () Change (X) Addition
Name: BRAIS, LOUIS
Address: 81 ELN STREET
City-St-Zip: LAKE PLACID, NY 12946 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LOUIS BRAIS

D

07/01/2009

Electronic Signature of Signing Officer or Director

Date