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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12337** (2)
1. Corporation Name
ROBERTSON-CECO CORPORATION



Principal Place of Business SUITE 425 5000 EXECUTIVE PARKWAY SAN RAMON CA 94583 US	Mailing Address SUITE 425 5000 EXECUTIVE PARKWAY SAN RAMON CA 94583 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-3479146		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	CEO and D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGE, II A	1.2 NAME	Heisley, Michael E
STREET ADDRESS	1730 LAKEHOUSE DRIVE	1.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSKOVENSKY, EL	2.2 NAME	Stevens, Ronald D.
STREET ADDRESS	4295 QUAIL RUN PLACE	2.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	DANVILLE CA	2.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEADOWS, STAN	3.2 NAME	Glass, Dede A.
STREET ADDRESS	45 BELLOWS HILL ROAD	3.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	CARLISLE MA	3.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Benevento, Frank A, II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, THOMAS C.	4.2 NAME	Berman, Stanley G
STREET ADDRESS	36 CRESCENT STREET APT 8	4.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	WAKEFIELD MA	4.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	ASAT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMACK, PETER C.	5.2 NAME	Sage, Gregg C.
STREET ADDRESS	13 WYANE ROAD	5.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	WESTFORD MA	5.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILLS, JOHN C.	6.2 NAME	Sage, Gregg C.
STREET ADDRESS	28-3 CONCORD GREENE	6.3 STREET ADDRESS	5000 Executive Parkway, Suite 425
CITY-ST-ZIP	CONCORD MA	6.4 CITY-ST-ZIP	San Ramon, CA 94583

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dede A. Glass* **Dede A. Glass** 1/22/98 (HID) 358-0236

CR2E034 (10/97)