

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P13135 (9)

1. Corporation Name
HENSEL PHELPS CONSTRUCTION CO.

95 FEB 10 PM 12:00

Principal Place of Business
**420 6TH AVENUE
P.O. BOX 0
GREELEY CO 80631-2332**

Mailing Address
**420 6TH AVENUE
P.O. BOX 0
GREELEY CO 80631-2332**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1987	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 84-0876644	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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____
Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, LEONARD J.	1.2 NAME	Jerry Meyer
STREET ADDRESS	420 6TH AVE	1.3 STREET ADDRESS	420 6th Avenue
CITY - ST - ZIP	GREELEY CO	1.4 CITY - ST - ZIP	Greeley, CO 80632
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ERIC	2.2 NAME	
STREET ADDRESS	420 6TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREELEY CO	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGENSEN, JERRY L.	3.2 NAME	
STREET ADDRESS	420 6TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREELEY CO	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRICO, STEPHEN	4.2 NAME	
STREET ADDRESS	420 6TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREELEY CO	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, ROBERT E	5.2 NAME	
STREET ADDRESS	420 6TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREELEY CO	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLIE, VICTOR C.	6.2 NAME	
STREET ADDRESS	420 6TH AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	GREELEY CO	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephan J. Carrico **Stephan J. Carrico** 2/6/95 303/552-65705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)