


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P13135</b> 1. Entity Name <b>HENSEL PHELPS CONSTRUCTION CO.</b>	
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Principal Place of Business <b>420 6TH AVENUE P.O. BOX 0 GREELEY CO 80631-2332</b>	Mailing Address <b>P O BOX 0 GREELEY CO 80632 US</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number <b>84-0876644</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VSD <input type="checkbox"/> Delete
NAME	WILSON, ERIC
STREET ADDRESS	420 6TH AVENUE
CITY - ST - ZIP	GREELEY CO
TITLE	PD <input type="checkbox"/> Delete
NAME	MORGENSEN, JERRY L.
STREET ADDRESS	420 6TH AVE.
CITY - ST - ZIP	GREELEY CO
TITLE	VD <input type="checkbox"/> Delete
NAME	CARRICO, STEPHEN
STREET ADDRESS	420 6TH AVE.
CITY - ST - ZIP	GREELEY CO
TITLE	VD <input type="checkbox"/> Delete
NAME	DANIELS, ROBERT E
STREET ADDRESS	420 6TH AVE.
CITY - ST - ZIP	GREELEY CO
TITLE	VD <input type="checkbox"/> Delete
NAME	MCNALLIE, VICTOR C.
STREET ADDRESS	420 6TH AVE
CITY - ST - ZIP	GREELEY CO
TITLE	VD <input type="checkbox"/> Delete
NAME	NORBY, RON
STREET ADDRESS	420 SIXTH AVE
CITY - ST - ZIP	GREELEY CO 80631

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000042220
STREET ADDRESS	02/10/04-80014-024 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Stephen J. Carrico **2/3/04** **970-352-6565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #