

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P14628 (2)

1. Corporation Name
DILLINGHAM CONSTRUCTION N.A., INC.



Principal Place of Business: 5960 INGLEWOOD DRIVE, PLEASANTON CA 94588 US
Mailing Address: P.O. BOX 1069, PLEASANTON CA 94566

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	05/28/1987	3a. Date of Last Report	04/25/1995
4. FEI Number	94-2784185	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input 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	FL	85

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 registered agent changes)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAIST, D.P.		1.2 NAME				
STREET ADDRESS	1525 RANCHO VIEW DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAFAYETTE CA		1.4 CITY-ST-ZIP				
TITLE	PDO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JACOBS, J.M.		2.2 NAME				
STREET ADDRESS	35 BEVMAR LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ALAMO CA		2.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CAPENER, J. T.		3.2 NAME				
STREET ADDRESS	4023 MARBLEHEAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	SAN RAMON CA		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEIDMER, C.V.		4.2 NAME				
STREET ADDRESS	1663 GLADIOLUS CT.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NUGTEREN, W.		5.2 NAME				
STREET ADDRESS	3432 MURDOCH DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	PALO ALTO CA		5.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice President & Alternate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	RITTER, J. B.		6.2 NAME	B. H. Etling Director			
STREET ADDRESS	743 W. CALIFORNIA WAY		6.3 STREET ADDRESS	15 Sciota Place			
CITY-ST-ZIP	WOODSIDE CA		6.4 CITY-ST-ZIP	San Ramon, CA 94583			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/6/96 (510) 847-7097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)