

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P14628 (2)

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



Principal Place of Business 5980 INGLEWOOD DRIVE PLEASANTON CA 94588 US	Mailing Address P.O. BOX 1089 PLEASANTON CA 94586-0189
---	--

3. Date Incorporated or Qualified 05/28/1987	3a. Date of Last Report 03/28/1996
4. FEI Number 94-2784185	Applied For <input type="checkbox"/> 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	

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

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HAIST, D.P.	
STREET ADDRESS	1525 RANCHO VIEW DR	
CITY-ST-ZIP	LAFAYETTE CA	
TITLE	DDO	<input type="checkbox"/> DELETE
NAME	JACOBS, J.M.	
STREET ADDRESS	35 BEVMAR LANE	
CITY-ST-ZIP	ALAMO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAPENER, J. T.	
STREET ADDRESS	4023 MARBLEHEAD	
CITY-ST-ZIP	SAN RAMON CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEIDMER, C.V.	
STREET ADDRESS	1883 GLADIOLUS CT.	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NUGTEREN, W.	
STREET ADDRESS	3432 MURDOCH DR	
CITY-ST-ZIP	PALO ALTO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ETLING, B.H.	
STREET ADDRESS	15 SCIOTA PLACE	
CITY-ST-ZIP	SAN RAMON CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	P. C. Freeman
5.4 CITY-ST-ZIP	67 Oakmont Avenue Piedmont, CA 94610
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: _____

CR2E034 (9/96)