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

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

**FILED
Mar 25 1998 8:00am
Secretary of State**

DOCUMENT # P14628 (2)

1. Corporation Name

DILLINGHAM CONSTRUCTION N.A., INC.

Principal Place of Business	Mailing Address
5960 INGLEWOOD DRIVE PLEASANTON CA 94588 US	**P.O. BOX 1089 PLEASANTON CA 94566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1987

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **94-2784185**	Applied For / Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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	61 Name
	62 Street Address (P.O. Box Number is Not Acceptable)
	63
	64 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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **S** NAME **HAIST, D.P.** STREET ADDRESS **1525 RANCHO VIEW DR** CITY-ST-ZIP **LAFAYETTE CA**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **PDO** NAME **JACOBS, J.M.** STREET ADDRESS **35 BEVMAR LANE** CITY-ST-ZIP **ALAMO CA**	☐ DELETE	2.1 TITLE P/D 2.2 NAME W. R. Catlin 2.3 STREET ADDRESS 2854 Via Cordoba 2.4 CITY-ST-ZIP San Ramon, CA 94583	☒ Change ☐ Addition
TITLE **DV** NAME **CAPENER, J. T.** STREET ADDRESS **4023 MARBLEHEAD** CITY-ST-ZIP **SAN RAMON CA**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** NAME **WEIDMER, C.V.** STREET ADDRESS **1683 GLADIOLUS CT.** CITY-ST-ZIP **LIVERMORE CA**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **T** NAME **FREEMAN, P. C.** STREET ADDRESS **67 OAKMONT AVE** CITY-ST-ZIP **PIEDMONT CA**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **ETLING, B.H.** STREET ADDRESS **15 SCIOTA PLACE** CITY-ST-ZIP **SAN RAMON CA**	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: _Dennis R. Wood_   3/6/97   (510) 847-7097