

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90035 002 ***150.00

DOCUMENT # P14628

1. Corporation Name

DILLINGHAM CONSTRUCTION N.A., INC.

Principal Place of Business

5960 INGLEWOOD DRIVE
PLEASANTON CA 94588
US

Mailing Address

P.O. BOX 1089
PLEASANTON CA 94566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1987

4. FEI Number

94-2784185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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 ☐ DELETE

NAME S
HAIST, D.P.
STREET ADDRESS 1525 RANCHO VIEW DR
CITY-ST-ZIP LAFAYETTE CA

TITLE ☐ DELETE

NAME PD
CATLIN, W R
STREET ADDRESS 2854 VIA CORDOBA
CITY-ST-ZIP SAN RAMON CA 94583

TITLE ☐ DELETE

NAME DV
CAPENER, J. T.
STREET ADDRESS 4023 MARBLEHEAD
CITY-ST-ZIP SAN RAMON CA

TITLE ☒ DELETE

NAME V
WEIDMER, C.V.
STREET ADDRESS 1663 GLADIOLUS CT.
CITY-ST-ZIP LIVERMORE CA

TITLE ☐ DELETE

NAME T
FREEMAN, P. C.
STREET ADDRESS 67 OAKMONT AVE
CITY-ST-ZIP PIEDMONT CA

TITLE ☐ DELETE

NAME VD
ETLING, B.H.
STREET ADDRESS 15 SCIOTA PLACE
CITY-ST-ZIP SAN RAMON CA

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

94549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

94583

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Vice President
R. P. Reading
356 Bryan Drive
Alamo, CA 94507

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

94610

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

94583

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, with all other like empowered.

SIGNATURE:

Dumir P. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

(925) 847-7097

Daytime Phone #

CR2E034 (11/98)

0560597