


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

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

03-22-1999 90035 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

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 Zip
24 Country	30 Country

3. Date Incorporated or Qualified <b>05/28/1987</b>	Applied For Not Applicable
4. FEI Number <b>94-2784185</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>
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	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HAIST, D.P.</b>
STREET ADDRESS	<b>1525 RANCHO VIEW DR</b>
CITY-ST-ZIP	<b>LAFAYETTE CA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CATLIN, W R</b>
STREET ADDRESS	<b>2854 VIA CORDOBA</b>
CITY-ST-ZIP	<b>SAN RAMON CA 94583</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>CAPENER, J. T.</b>
STREET ADDRESS	<b>4023 MARBLEHEAD</b>
CITY-ST-ZIP	<b>SAN RAMON CA</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WEIDMER, C.V.</b>
STREET ADDRESS	<b>1663 GLADIOLUS CT.</b>
CITY-ST-ZIP	<b>LIVERMORE CA</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>FREEMAN, P. C.</b>
STREET ADDRESS	<b>67 OAKMONT AVE</b>
CITY-ST-ZIP	<b>PIEDMONT CA</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>ETLING, B.H.</b>
STREET ADDRESS	<b>15 SCIOTA PLACE</b>
CITY-ST-ZIP	<b>SAN RAMON CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>94549</b>
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 checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>94583</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice President</b>
4.3 STREET ADDRESS	<b>R. P. Reading</b>
4.4 CITY-ST-ZIP	<b>356 Bryan Drive</b> <b>Alamo, CA 94507</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>94610</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>94583</b>

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: *Dummit Harris* **REQUISITELY** Secretary Date: 3/2/99 Daytime Phone #: (925) 847-7097

CR2E034 (11/98)