
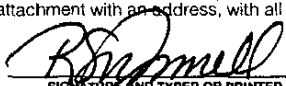


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90046 036 \*\*\*150.00

<b>DOCUMENT # P19510</b> 1. Entity Name <b>CHICAGO BRIDGE &amp; IRON COMPANY (DELAWARE)</b>			
Principal Place of Business <b>1501 N DIVISION- PLAINFIELD IL 60544 US</b>		Mailing Address <b>1501 N DIVISION- PLAINFIELD IL 60544- US</b>	
2. Principal Place of Business <b>14105 S. Route 59</b> Suite, Apt. #, etc.		3. Mailing Address <b>14105 S. Route 59</b> Suite, Apt. #, etc.	
City & State <b>Plainfield, IL</b> Zip Country <b>60544-8984 US</b>		City & State <b>Plainfield, IL</b> Zip Country <b>60544-8984 US</b>	
4. FEI Number <b>36-3026565</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, GERALD M 23 CYPRESS LAKE PLACE THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODRICH, RICHARD E 3 OAKLEY DOWNS THE WOODLANDS TX 77382	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, SCOTT R 14 SHOWN POND PLACE THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORAN, TIMOTHY J 11 MEADOW COVE DRIVE THE WOODLANDS TX 77381	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD A. BYERS 335 SOUTH SILVERSHIRE CIRCLE THE WOODLANDS, TX 77381	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD A. BYERS 335 SOUTH SILVERSHIRE CIRCLE THE WOODLANDS, TX 77381	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD A. BYERS 335 SOUTH SILVERSHIRE CIRCLE THE WOODLANDS, TX 77381	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		<b>SECRETARY</b> <b>2/25/04</b> <b>(832) 513-1237</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	