FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:24

DOCUMENT # P20266 (3)

1. Corporation Name
SWC ENGINEERING CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
4014 LONG BEACH BOULEVARD SUITE #300 LONG BEACH CA 90807-2407	4014 LONG BEACH BOULEVARD SUITE #300 LONG BEACH CA 90807-2407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1988
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 33-0149140 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ■ No

9. Name and Address of Current Registered Agent

GARDNER, ROBERT
3012 US HWY 301 N
SUITE 700
TAMPA FL 33619

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEARNS, ROBERT P.	1.2 NAME	
STREET ADDRESS	344 FOWLING	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLAYA DEL REY CA	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, WILLIAM L.	2.2 NAME	
STREET ADDRESS	29 SHOOTING STAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETOYAN, GALEN S.	3.2 NAME	
STREET ADDRESS	19250 LOS ALIMOS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHRIDGE CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CONRAD, E. TOM	4.2 NAME	
STREET ADDRESS	2014 CHADDS FORD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHLOTFELDT, KAY A.	5.2 NAME	
STREET ADDRESS	8844 GREENWOOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN GABRIEL CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William L Schubert William L. Schubert 1-12-05 310-426-9544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491859 FN