

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P22939**  
 1. Corporation Name  
**DAY + ZIMMERMANN INFRA STRUCTURE INC**

Principal Place of Business: **1818 Market Street Philadelphia PA 19103**  
 Mailing Address: **ATTN: Karen Pollak 1818 Market Street Philadelphia PA 19103**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**2/10/89**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number  
**23-2499109**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 • **CT CORPORATION SYSTEM**  
**1300 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
85	Zip Code

**FL**

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 \_\_\_\_\_ (NAME) Registered Agent signature required when registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>Pres/DIR</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>John O'Connor</b>
STREET ADDRESS	<b>1818 Market Street</b>
CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>Louis Martinelli</b>
STREET ADDRESS	<b>1818 Market Street</b>
CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
TITLE	<b>Sec</b> <input type="checkbox"/> DELETE
NAME	<b>John Lantini</b>
STREET ADDRESS	<b>1818 Market Street</b>
CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
TITLE	<b>Tres</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Joseph McKinney</b>
STREET ADDRESS	<b>1818 Market Street</b>
CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>Karen Pollak</b>
STREET ADDRESS	<b>1818 Market Street</b>
CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Pres/DIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>AE Sani</b>
13 STREET ADDRESS	<b>1818 Market Street</b>
14 CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<b>Tres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Bruce Walk</b>
43 STREET ADDRESS	<b>1818 Market Street</b>
44 CITY-ST-ZIP	<b>Philadelphia PA 19103</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<b>300002488725</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>-04/15/98-01004--007</b>
63 STREET ADDRESS	<b>***150.00</b>
64 CITY-ST-ZIP	

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 or on an attachment with an address.

SIGNATURE: **Louis Martinelli** Louis Martinelli, VP 4/9/98

CR2E034 (10/97)