No. C 36587 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR CA 91342		2. Registered A	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705-9134 3. New Registered Agent Signature:*			
				921 S ORCH BOISE ID 8				
		L ess Addresses of P	resident, Secretary, and Directors. Treas	urer (ontional)				
Office Held	Name	cos / tadi cosco oi i i	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JAMES A. F	ROST	15901 OLDEN STREET	SYLMAR	CA	USA	91342	
SECRETARY	JOHN D. BA		15901 OLDEN STREET	SYLMAR	CA	USA	91342	
TREASURER	JOHN D. BA		15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR RONALD N. DIRECTOR DICKRAN M.			15901 OLDEN STREET	SYLMAR	CA	USA	91342	
			15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR			15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR			15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR RAYMOND C DIRECTOR DENNIS D.		NEGLIA	15901 OLDEN STREET 15901 OLDEN STREET	SYLMAR SYLMAR	CA CA	USA USA	91342 91342	
		OKLAK						
DIRECTOR	IRECTOR ROBERT C.		15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR MICHAEL R		KLEIN	15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR	RECTOR JAMES A. FR		15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR	SIDNEY J. FELTENSTEIN		15901 OLDEN STREET	SYLMAR	CA	USA	91342	
DIRECTOR	PETER ARKL	ΕΥ	15901 OLDEN STREET	SYLMAR	CA	USA	91342	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MA C 36587		Signature: Kelly Lettmann Name (type or print): Kelly Lettmann			Date: 05/22/2018			
					Title: POA			
Processed 05/22/2018		* Electronically pro	ovided signatures are accepted as origina	al signatures.				