

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **46596** 2. Name of Corporation **Granite Professional and Technical Services, Inc.**

3. Street Address Principal Business Office
140 NORTH MAIN STREET PO BOX 2640 City **SUMMERVILLE** State **SC** Zip **29484**

4. Business Phone No. **(803) 875-5800** 5. State of Incorporation **DELAWARE** 6. SIC Code **7389**

7. Brief Description of the Character of Business Conducted in Rhode Island
LABOR SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN L. SULLIVAN	Vice President Name BARBARA A. MELITA
Street Address 140 NORTH MAIN STREET PO BOX 2640	Street Address 12 CORPORATE WOODS BLVD.
City SUMMERVILLE State SC Zip 29484-2640	City AEBANY State NY Zip 12211
Secretary Name RICHARD D. GOLLIHER	Treasurer Name RICHARD D. GOLLIHER
Street Address 140 NORTH MAIN STREET PO BOX 2640	Street Address 140 NORTH MAIN STREET PO BOX 2640
City SUMMERVILLE State SC Zip 29484-2640	City SUMMERVILLE State SC Zip 29484-2640

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name RICHARD D. GOLLIHER	Director Name RICHARD L. HARVEY
Street Address 140 NORTH MAIN STREET PO BOX 2640	Street Address 140 NORTH MAIN STREET PO BOS 2640
City SUMMERVILLE State SC Zip 29484-2640	City SUMMERVILLE State SC Zip 29484-2640
Director Name JACK L. LAMBERT	Director Name
Street Address 140 NORTH MAIN STREET PO BOK 2640	Street Address
City SUMMERVILLE State SC Zip 29484-2640	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) **11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
25,000	COMMON	\$1.00	29000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/22

Check No.: 17513422

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/14/01

BARBARA A. MELITA
Print or Type Name of Officer

VP& ASST. TREASURER
Title of Officer



Federal ID : 52-1371068

Tax Year : 2000 Rpt Mth : 3

Name	Title	Business Address
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Jack L. Lambert	Director	140 North Main Street P. O. Box 2640 Summerville SC 29484
John L. Sullivan	President	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Richard D. Gollither	Treasurer	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard D. Gollither	Secretary	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard D. Gollither	Director	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard L. Harvey	Vice President	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard L. Harvey	Director	140 North Main Street P. O. Box 2640 Summerville SC 294842640