

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morfari  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 19 AM 1:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 836662 (7)**  
1. Corporation Name  
**FLUOR DANIEL SERVICES CORPORATION**

Principal Place of Business: **3333 MICHELSON DR. 551M IRVINE CA 92730-0001**  
Mailing Address: **3333 MICHELSON DR. 551M IRVINE CA 92730-0001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1976**      3a. Date of Last Report: **04/25/1994**

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

4. FEI Number: **57-0553685**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangibles tax under S. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL**      85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>
NAME	<b>TRAMMELL, W.D.</b>
STREET ADDRESS	<b>3333 MICHELSON DRIVE</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>DVPS</b>
NAME	<b>DRYDEN, R. R</b>
STREET ADDRESS	<b>100 FLUOR DANIEL DR</b>
CITY - ST - ZIP	<b>GREENVILLE SC</b>
TITLE	<b>P</b>
NAME	<b>GODFREY, T. E.</b>
STREET ADDRESS	<b>100 FLUOR DANIEL DRIVE</b>
CITY - ST - ZIP	<b>GREENVILLE SC</b>
TITLE	<b>CFO</b>
NAME	<b>HOLLANS, H/O</b>
STREET ADDRESS	<b>3333 MICHELSON DRIVE</b>
CITY - ST - ZIP	<b>IRVINE, CA 92730</b>
TITLE	<b>VP</b>
NAME	<b>JORDAN, P. B. /</b>
STREET ADDRESS	<b>100 FLUOR DANIEL DRIVE</b>
CITY - ST - ZIP	<b>GREENVILLE SC</b>
TITLE	<b>AT</b>
NAME	<b>MORROW, T. H.</b>
STREET ADDRESS	<b>3333 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CONAWAY, J.M.</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TRIMBLE, P.J.</b>
5.3 STREET ADDRESS	<b>3333 MICHELSON DRIVE</b>
5.4 CITY - ST - ZIP	<b>IRVINE, CA 92730</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: **T.H. MORROW**  
ASST. TREASURER      Date: **04/12/95**      714-975-6944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION      Tax Dept.