


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 836662
1. Entity Name
FLUOR DANIEL SERVICES CORPORATION



Principal Place of Business ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656-2606 US	Mailing Address ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656-2606 US
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0553685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, L.N. ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TSENG, MIN C ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STEUERT, D M ONE ENTERPRISE DR ALISO VIEJO, CA 92656
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Min C. Tseng** **1/13/05** **949-349-4461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #