

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 26, 1996 08:00 AM**  
**Secretary of State**

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**

3. Date Incorporated or Qualified: **07/09/1976**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **57-0553685**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRAMMELL, W.D.	
STREET ADDRESS	3333 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	DRYDEN, R. R	
STREET ADDRESS	100 FLUOR DANIEL DR	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GODFREY, T. E.	
STREET ADDRESS	100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CONAWAY, J.M.	
STREET ADDRESS	3333 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE, CA 92730	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRIMBLE, P.J.	
STREET ADDRESS	3333 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORROW, T. H.	
STREET ADDRESS	3333 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	

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	Vice President - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S.A. Thomson	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 119.07(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 T.H. Morrow, Asst. Treasurer 4/11/96 (714) 975-5924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day and Phone #