

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 92612-0625
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3. Date Incorporated or Qualified 07/09/1976		3a. Date of Last Report 04/26/1996	
2. Principal Place of Business		2a. Mailing Address	
21 3353 MICHELSON DRIVE Suite, Apt. #, etc. 22 551M City & State 23	26 3353 MICHELSON DRIVE Suite, Apt. #, etc. 27 551M City & State 28	4. FEI Number 67-0553685	Applied For Not Applicable
24 Zip 92698 Country 25	29 Zip 92698 Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAMMELL, W.D.		1.2 NAME	
STREET ADDRESS 3333 MICHELSON DRIVE		1.3 STREET ADDRESS 3353 MICHELSON DRIVE	
CITY-ST-ZIP IRVINE CA		1.4 CITY-ST-ZIP IRVINE, CA 92698	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S.A. THOMSON		2.2 NAME	
STREET ADDRESS 100 FLUOR DANIEL DR		2.3 STREET ADDRESS	
CITY-ST-ZIP GREENVILLE SC		2.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GODFREY, T. E.		3.2 NAME	
STREET ADDRESS 100 FLUOR DANIEL DRIVE		3.3 STREET ADDRESS 3353 MICHELSON DRIVE	
CITY-ST-ZIP GREENVILLE SC		3.4 CITY-ST-ZIP IRVINE, CA 92698	
TITLE CFO	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONAWAY, J.M.		4.2 NAME	
STREET ADDRESS 3333 MICHELSON DRIVE		4.3 STREET ADDRESS 3353 MICHELSON DRIVE	
CITY-ST-ZIP IRVINE, CA 92730		4.4 CITY-ST-ZIP IRVINE, CA 92698	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRIMBLE, P.J.		5.2 NAME	
STREET ADDRESS 3333 MICHELSON DR		5.3 STREET ADDRESS 100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP IRVINE CA		5.4 CITY-ST-ZIP GREENVILLE, SC 29607	
TITLE AT	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORROW, T. H.		6.2 NAME	
STREET ADDRESS 3333 MICHELSON DR.		6.3 STREET ADDRESS 3353 MICHELSON DRIVE	
CITY-ST-ZIP IRVINE CA		6.4 CITY-ST-ZIP IRVINE, CA 92698	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T.H. MORROW
 ASST. TREASURER **04/23/97 7T4/ 975-6935**
 Date Daytime Phone #

CR2E034 (9/96)