

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90019 039 ***150.00

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DOCUMENT # 836662

1. Corporation Name

FLUOR DANIEL SERVICES CORPORATION

Principal Place of Business

3353 MICHELSON DR.
551M
IRVINE CA 92698
US

Mailing Address

3353 MICHELSON DR.
551M
IRVINE CA 92698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1976

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME TRAMMELL, W.D.
STREET ADDRESS 3353 MICHELSON DR.
CITY-ST-ZIP IRVINE CA

TITLE VPS ☐ DELETE

NAME S.A. THOMSON
STREET ADDRESS 100 FLUOR DANIEL DR
CITY-ST-ZIP GREENVILLE SC

TITLE PD ☐ DELETE

NAME FISHER, L.N.
STREET ADDRESS 3353 MICHELSON DR.
CITY-ST-ZIP IRVINE CA

TITLE CFO ☒ DELETE

NAME CONAWAY, J.M.
STREET ADDRESS 3353 MICHELSON DR.
CITY-ST-ZIP IRVINE, CA 92730

TITLE AT ☐ DELETE

NAME TRACY, K.A.
STREET ADDRESS 100 FLUOR DANIEL DR.
CITY-ST-ZIP GREENVILLE SC

TITLE AT ☐ DELETE

NAME MORROW, T. H.
STREET ADDRESS 3353 MICHELSON DR.
CITY-ST-ZIP IRVINE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

T. H. MORROW

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER

Date

Daytime Phone #

3/10/99 (949) 975-4031

CR2E034 (1/198)