

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 033 ***150.00

DOCUMENT # 836662

1. Entity 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 92612-0650 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 FLUOR DANIEL DR.	3. Mailing Address ONE ENTERPRISE DR. F2B
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GREENVILLE SC	City & State ALISO VIEJO CA	4. FEI Number 57-0553685	Applied For <input type="checkbox"/> Not Applicable
Zip 29607	Country US	Zip 92656-2606	Country US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS S.A. THOMSON 100 FLUOR DANIEL DR GREENVILLE SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, L.N. 3353 MICHELSON DR. IRVINE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRACY, K.A. 100 FLUOR DANIEL DR. GREENVILLE SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORROW, T. H. 3353 MICHELSON DR. IRVINE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE ENTERPRISE DR. ALISO VIEJO CA 92656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ONE ENTERPRISE DR. ALISO VIEJO CA 92656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HAKE, R.F. ONE ENTERPRISE DR. ALISO VIEJO CA 92656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT J.M. CREEL 100 FLUOR DANIEL DR. GREENVILLE SC 29607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.H. MORROW ASST. TREASURER 2/15/2000 (949) 349-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)