

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 032 ***150.00

DOCUMENT # 836662
1. Entity Name
Fluor Daniel Services Corp

031019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE ENTERPRISE DR
Suite, Apt. # etc. F2 B
City & State ALISO VIEJO, CA
Zip 92656 Country US

3. Mailing Address
ONE ENTERPRISE DR
Suite, Apt. # etc. F2 B
City & State ALISO VIEJO
Zip 92656 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0553685 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name NRAI SERVICES, INC
Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVE
City Tallahassee FL Zip Code 32301

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 reappointing)

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT L. N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO D. M. STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. TREASURER MIN C. TSENG ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR L. N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MIN C. TSENG 4-2-02 949-349-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)