

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001511

FILED
Apr 20, 2010
Secretary of State

Entity Name: FLUOR INDUSTRIAL SERVICES, INC.

Current Principal Place of Business:

6700 LAS COLINAS BLVD.
IRVING, TX 75039 US

New Principal Place of Business:

Current Mailing Address:

6700 LAS COLINAS BLVD.
IRVING, TX 75039 US

New Mailing Address:

FEI Number: 33-0432280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS
Name: HERNANDEZ, C M
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

Title: P
Name: GRIMES, K D
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

Title: VP
Name: BAILEY, C L
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

Title: AT
Name: LUCAS, J M
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

Title: VPT
Name: OLIVA, J M
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

Title: CFO
Name: STEUERT, D M
Address: 6700 LAS COLINAS BOULEVARD
City-St-Zip: IRVING, TX 75039

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. M. HERNANDEZ

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04/20/2010

Electronic Signature of Signing Officer or Director

_____ Date