

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001511

1. Entity Name

FLUOR INDUSTRIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business ONE ENTERPRISE DR		3. Mailing Address ONE ENTERPRISE DR	
Suite, Apt. #, etc. F2B		Suite, Apt. #, etc. F2B	
City & State ALISO VIEJO		City & State ALISO	
Zip 92656	Country US	Zip 92656	Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 33-0432280	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name NRAI SERVICES, INC	
		Street Address (P.O. Box Number is Not Acceptable) 526 E. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when converting)	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	R.G. PETERSON	ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
	CFO	D.M. STEUERT	ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
	V-PRESIDENT	S.F. HULL	ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
	DIRECTOR	L.V. FISHER	ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
	ASST. TREASURER	MIN C. TSENG	ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Min C. TSENG** Date: **4/02/02** System Phone #: **949-349-6091**

CR2E034B (12/01)