

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 24 PM 2:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06491 (5)**

1. Corporation Name  
**FLUOR DANIEL ENGINEERING, INC.**

Principal Place of Business      Mailing Address

**3333 MICHELSON DR #551M IRVINE CA 92730 US**      **3333 MICHELSON DRIVE 551M IRVINE CA 92730 US**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report

**06/20/1985**      **04/26/1994**

4. FEI Number      Applied For

**57-0782198**      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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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 re-registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER, L. N</b>	1.2 NAME	
STREET ADDRESS	<b>3333 MICHELSON DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVINE CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, T. H.</b>	2.2 NAME	
STREET ADDRESS	<b>3333 MICHELSON DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVINE CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPLETON, G. W.</b>	3.2 NAME	<b>delete</b>
STREET ADDRESS	<b>4280 MARLSBURY RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLDHAM, A. M</b>	4.2 NAME	
STREET ADDRESS	<b>3333 MICHELSON DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVINE CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, G R</b>	5.2 NAME	
STREET ADDRESS	<b>3333 MICHELSON DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVINE CA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRACY, KEN A</b>	6.2 NAME	
STREET ADDRESS	<b>301 N MAIN ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVINE CA</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE**      **T. H. MORROW**      **ASST. - TREASURER**      **04/19/95**      **714/ 975-6944**

**APPROVED**      **7. H. Morrison**      **DATE**      **04/19/95**      **714/ 975-6944**

**SIGNATURE**      **MONUMENT AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR**      **Date**      **Telephone #**