


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P06491 1. Entity Name FLUOR DANIEL ENGINEERING, INC.	
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Principal Place of Business ONE ENTERPRISE DR F2B ALISO VIEJO, CA 92656 US	Mailing Address ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656-2606 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0782198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, L. N ONE ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINKLE, R A ONE ENTERPRISE DRIVE F2B ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMS, F L ONE ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, F L ONE ENTERPRISE DRIVE F2B ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000012561  
01/26/04-80015-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 1/19/04 DAYTIME PHONE #: (949) 349-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR