

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06491 (5)
 1. Corporation Name
FLUOR DANIEL ENGINEERING, INC.



Principal Place of Business 3333 MICHELSON DRIVE #551M IRVINE CA 92730 US	Mailing Address 3333 MICHELSON DRIVE 551M IRVINE CA 92612-0625 US
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2. Principal Place of Business 21 3353 MICHELSON DRIVE	2a. Mailing Address 26 3353 MICHELSON DRIVE
22. Suite, Apt #, etc. 551M	27. Suite, Apt #, etc. 551M
23. City & State IRVINE, CA	28. City & State IRVINE, CA
24. Zip 92698	29. Zip 92698

3. Date Incorporated or Qualified 06/20/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 57-0782198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 E. PARK AVE.
 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	FISHER, L. N	
STREET ADDRESS	3333 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORROW, T. H.	
STREET ADDRESS	3333 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAGERTY, P.	
STREET ADDRESS	3333 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGER, G R	
STREET ADDRESS	3333 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, JR. C.A.	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **T.H. MORROW** ASST. TREAS. **04/21/97** **714/975-6985**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)