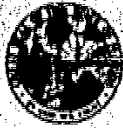


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 2: 05**

**DOCUMENT # P37592 (3)**

1. Corporation Name

**BROWN & ROOT TECHNICAL SERVICES, INC.**

Principal Place of Business

**4100 CLINTON DR  
HOUSTON TX 77020  
US**

Mailing Address

**4100 CLINTON DR  
ATTN: TAX DEPT  
HOUSTON TX 77020-6237  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/17/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number **95-4164055**

5. Certificate of Status Desired

6. Election Campaign Financing

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

Applied For  Not Applicable

**\$8.75** Additional Fee Required

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 of agent

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KNIGHT, T. E.
STREET ADDRESS	4100 CLINTON DR.
CITY - ST - ZIP	HOUSTON TX
TITLE	DVP
NAME	MONTGOMERY, G. M.
STREET ADDRESS	4100 CLINTON DR.
CITY - ST - ZIP	HOUSTON TX
TITLE	DVP
NAME	MOORE, P. H.
STREET ADDRESS	4100 CLINTON DR.
CITY - ST - ZIP	HOUSTON TX
TITLE	VP
NAME	ANDERSON, P. E.
STREET ADDRESS	4100 CLINTON DR.
CITY - ST - ZIP	HOUSTON TX
TITLE	VP
NAME	BEAUVAIS, L. G.
STREET ADDRESS	4100 CLINTON DR.
CITY - ST - ZIP	HOUSTON TX
TITLE	AT
NAME	LOCKWOOD, T.W.
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 713/676-0464  
LNU Date Filed