

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business: 21 State, Apt. #, etc; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc; 27 City & State; 28 Zip; 29 Country

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; 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(7) and 607.15(9), 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 607.06(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY-STATE; 21 TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY-STATE; 31 TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY-STATE; 41 TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY-STATE; 51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY-STATE; 61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 CITY-STATE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, T. E.</b>	
STREET ADDRESS	<b>4100 CLINTON DR. HOUSTON TX</b>	
CITY-STATE-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, G. M.</b>	
STREET ADDRESS	<b>4100 CLINTON DR. HOUSTON TX</b>	
CITY-STATE-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>MOORE, P. H.</b>	
STREET ADDRESS	<b>4100 CLINTON DR. HOUSTON TX</b>	
CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, P. E.</b>	
STREET ADDRESS	<b>4100 CLINTON DR. HOUSTON TX</b>	
CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>BEAUVAIS, L. G.</b>	
STREET ADDRESS	<b>4100 CLINTON DR. HOUSTON TX</b>	
CITY-STATE-ZIP		
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>LOCKWOOD, T.W.</b>	
STREET ADDRESS	<b>4100 CLINTON DR HOUSTON TX</b>	
CITY-STATE-ZIP		

Sr. Vice President  Change  Addition

Director  Change  Addition  
**Zander, S. A.**

14. I do hereby certify that the information supplied with this report is factual, true and correct 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 registered or unregistered corporation to be reported on; and that my signature shall be recorded in Block 12 or Block 13 if changed or deleted as applicable.

SIGNATURE: *T. W. Lockwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**T. W. Lockwood, Assist. Treasurer**

3/20/96

713/676-3011

CR2E034 (12/95)