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FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 02/17/1992	
4. FEI Number 95-4164055	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0502 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 _____ DATE _____
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESAR, D.J.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ARBOUR, P.W.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBI, J.G.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CALTON, D.L.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BEAUVAIS, L. G.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LAND, L.J.	
STREET ADDRESS	4100 CLINTON DR	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3600 LINCOLN PLAZA 500 NORTH AKARD	
1.4 CITY-ST-ZIP	DALLAS TX 75201-3391	
2.1 TITLE	SVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORRIS, G.V.	
3.3 STREET ADDRESS	4100 CLINTON DR	
3.4 CITY-ST-ZIP	HOUSTON TX 77020	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARD, J.W.	
4.3 STREET ADDRESS	4100 CLINTON DR	
4.4 CITY-ST-ZIP	HOUSTON TX 77020	
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	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BLURTON, J.H.	
6.3 STREET ADDRESS	4100 CLINTON DR	
6.4 CITY-ST-ZIP	HOUSTON TX 77020	

14. I 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 a attachment with an address.

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

CR2E034 (10/97)

Jerry H. Blurton VP/T 4-22-98 713/676-5856