

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90440 025 \*\*\*150.00

DOCUMENT # F02000000148

1. Entity Name  
 FOSTER WHEELER POWER GROUP, INC.



Principal Place of Business Mailing Address  
 C/O TAX DEPT. C/O TAX DEPT.  
 PERRYVILLE CORPORATE PARK PERRYVILLE CORPORATE PARK  
 CLINTON, NJ 08809-4000 CLINTON, NJ 08809-4000

14016226



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For  
 22-3248302 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHERRY, BERNARD H	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARHAM, DAVID J	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCERBO, ANTHONY	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCERBO, ANTHONY	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	
TITLE	V	<input type="checkbox"/> Delete
NAME	DILLON, WILLIAM P	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARTNETT, GREGORY F	
STREET ADDRESS	PERRYVILLE CORPORARE PARK	
CITY-ST-ZIP	CLINTON, NJ 08809	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*SCHEDULE ENCLOSED*

12: 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 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: *X Anand K. Jindal ReKesh Jindal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #