

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90085 046 ***150.00

DOCUMENT # **P06875**

1. Entity Name
FLUOR CONSTRUCTORS INT'L INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE ENTERPRISE DR.		3. Mailing Address One Enterprise Dr.	
Suite, Apt. #, etc. F2 B		Suite, Apt. #, etc. F2 B	
City & State ALISO VIEJO, CA		City & State ALISO VIEJO, CA	
Zip 92656	Country US	Zip 92656	Country US

DO NOT WRITE IN THIS SPACE

4. FEL Number 95-3093523	Applied For ☐	Not Applicable ☐
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name NRAI	
Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE.	
City TALLAHASSEE	FL Zip Code 32301

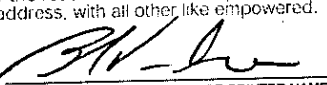
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____	(NOTE: Registered Agent signature required when consenting)	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)	January 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT R.E. PITTS ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-PRESIDENT R.P. WEBSTER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTROLLER B.L. VONDRA ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR R.E. PITTS ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	L. VONDRA	Date 4-4-02	Daytime Phone # 949-349-6091
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CR2E034B (12/01)