


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90170 039 ***150.00

DOCUMENT # P14196

1. Entity Name
FOSTER WHEELER POWER SYSTEM, INC.



Principal Place of Business
**PERRYVILLE CORPORATE PK
C/O TAX DEPT
CLINTON NJ 08809-4000
US**

Mailing Address
**PERRYVILLE CORPORATE PK
TAX DEPARTMENT
CLINTON NJ 08809
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

4. FEI Number **22-2271893**

Applied For
 Not Applicable

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	FRIES GARDNER, LISA	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOECKERT, ROBERT A.	
STREET ADDRESS	PERRYVILLE CORPORATE PK	
CITY-ST-ZIP	CLINTON NJ	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	SCORBO, ANTHONY	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOYLE, JOHN A JR.	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ	
TITLE	DOT	<input type="checkbox"/> Delete
NAME	JINDAL, RAKESH	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RAKESH JINDAL** *4-30-03* **908 730-4000**

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

CR2E034 (10/02)

