

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90182 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P24174

1. Corporation Name
FOSTER WHEELER ENERGY SERVICES, INC.



Principal Place of Business
 8925 REHCO ROAD
 P.O. BOX 85480
 SAN DIEGO CA 92121-3269

Mailing Address
 C/O TAX DEPT
 PERRYVILLE CORPORATE PARK
 CLINTON NJ 08809
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
05/04/1989

4. FEI Number
76-0271671

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHONEN, K	1.2 NAME	
STREET ADDRESS	8925 REHCO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President / CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS N. SENTZ	2.2 NAME	Richard C. Bohlin
STREET ADDRESS	PERRYVILLE CORPORATE PARK	2.3 STREET ADDRESS	8925 Rehco Road
CITY-ST-ZIP	CLINTON NJ	2.4 CITY-ST-ZIP	San Diego, CA 92121-3269
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, LISA FRIES	3.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLINTON NJ	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, HARRIS	4.2 NAME	
STREET ADDRESS	8925 REHCO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WES L. STEINER	5.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATED PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLINTON NJ	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Ass't. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY SCERBO	6.2 NAME	Alan R. Bauer
STREET ADDRESS	PERRYVILLE CORPORATE PARK	6.3 STREET ADDRESS	Perryville Corp. Park
CITY-ST-ZIP	CLINTON NJ	6.4 CITY-ST-ZIP	Clinton, NJ 08809

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

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kaari Kohonen / Treasurer** Date: **4/9/99** Daytime Phone #: **(908) 713-3005**

CR2E034 (11/98)