

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90238 033 ***150.00

DOCUMENT # P24174
 1. Entity Name
FOSTER WHEELER ENERGY SERVICES, INC.



Principal Place of Business: **9645 SCRANTON RD SAN DIEGO, CA 92121**
 Mailing Address: **C/O TAX DEPT PERRYVILLE CORPORATE PARK CLINTON, NJ 08809 US**

14021968



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04022004 Chg-P CR2E034 (10/03)
 4. FEI Number: **76-0271671** Applied For: Not Applicable
 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)

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: PD NAME: CHERRY, BERNARD H STREET ADDRESS: PERRYVILLE CORPORATE PARK CITY-ST-ZIP: CLINTON, NJ 08809	<input type="checkbox"/> Delete
TITLE: V NAME: CRUMM, CLIFTON J II STREET ADDRESS: PERRYVILLE CORPORATE PLACE CITY-ST-ZIP: CLINTON, NJ 08809	<input type="checkbox"/> Delete
TITLE: S NAME: GARDNER, LISA FRIES STREET ADDRESS: PERRYVILLE CORPORATE PARK CITY-ST-ZIP: CLINTON, NJ	<input type="checkbox"/> Delete
TITLE: T NAME: ESKO, RYAN J STREET ADDRESS: PERRYVILLE CORPORATE PLACE CITY-ST-ZIP: CLINTON, NJ 08809	<input checked="" type="checkbox"/> Delete
TITLE: AS NAME: DOYLE, JOHN A JR STREET ADDRESS: PERRYVILLE CORPORATE PARK CITY-ST-ZIP: CLINTON, NJ 08809	<input type="checkbox"/> Delete
TITLE: V NAME: BOHLIM, RICHARD C STREET ADDRESS: PERRYVILLE CORPORATE PARK CITY-ST-ZIP: CLINTON, NJ 08809	<input type="checkbox"/> Delete

TITLE: VP NAME: Jindal, Rakesh K STREET ADDRESS: Perryville Corporate Park CITY-ST-ZIP: Clinton NJ 08809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP D NAME: Scerbo, Anthony STREET ADDRESS: Perryville Corporate Park CITY-ST-ZIP: Clinton NJ 08809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: Desmaris, Thierry STREET ADDRESS: Perryville Corporate Park CITY-ST-ZIP: Clinton NJ 08809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Assistant Treasurers NAME: Hagan, Kevin C. STREET ADDRESS: Perryville Corporate Park CITY-ST-ZIP: Clinton NJ 08809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Assistant Treasurer NAME: Thau, Ronald R. STREET ADDRESS: Perryville Corporate Park CITY-ST-ZIP: Clinton NJ 08809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rakesh K Jindal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rakesh K Jindal**
 Date: _____ Daytime Phone #: _____