FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 19 AM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **831643** **(2)**

1. Corporation Name

WILLIAMS BROTHERS ENGINEERING COMPANY

Principal Place of Business	Mailing Address
3333 MICHELSON DRIVE DEPARTMENT 551M IRVINE CA 92730 US	3333 MICHELSON DRIVE DEPARTMENT 551M IRVINE CA 92730 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1974

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 73-0777873 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	OLIVER, C R (OK)	1.2 NAME	OLIVER, C.R.	
STREET ADDRESS	3333 MICHELSON DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, L.R., JR.	2.2 NAME		
STREET ADDRESS	ONE FLUOR DANIEL DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUGAR LAND TX	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE		☐ Change ☐ Addition
NAME	DUNEGAN, J E	3.2 NAME		
STREET ADDRESS	119 EAST 6TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	LONG, G W	4.2 NAME		
STREET ADDRESS	119 E 6TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE	(SPELLING?)	☒ Change ☐ Addition
NAME	MOROW, T. H.	5.2 NAME	MORROW, T.H.	
STREET ADDRESS	333 MICHELSON DRIVE	5.3 STREET ADDRESS	3333 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	GRASSMAN, D D	6.2 NAME		
STREET ADDRESS	119 E 6TH ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: T. H. Morrow

T.H. MORROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER
Title

APPROVED
TAX DEPT.

04/12/95
Date

714/ 975-6944
Daytime Phone #

CORSTRW CP