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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 92612-0625 US

3. Date Incorporated or Qualified: 01/16/1974
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 3353 MICHELSON DRIVE
22 Suite, Apt. #, etc.
23 City & State: IRVINE, CA
24 Zip: 92698 Country: 25

2a. Mailing Address
26 3353 MICHELSON DRIVE
27 Suite, Apt. #, etc.: 551M
28 City & State: IRVINE, CA
29 Zip: 92698 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
NRAI SERVICES, INC.
526 EAST PARK AVENUE
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	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OLIVER, C.R.		1.2 NAME	
STREET ADDRESS	3333 MICHELSON DR		1.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA		1.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	PD	☐ DELETE	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	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DUNEGAN, J E		3.2 NAME	
STREET ADDRESS	3333 MICHELSON DRIVE		3.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA		3.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LONG, G W		4.2 NAME	
STREET ADDRESS	ONE FLUOR DANIEL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUGARLAND TX		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MORROW, T.H.		5.2 NAME	
STREET ADDRESS	3333 MICHELSON DR		5.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA		5.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	VP	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	GRASSMAN, D D		6.2 NAME	
STREET ADDRESS	3333 MICHELSON DRIVE		6.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP	IRVINE, CA 92698

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED T.H. MORROW ASST. TREASURER 04/22/97 714/ 975-6985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0501822