

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **831643** (2)
1. Corporation Name
WILLIAMS BROTHERS ENGINEERING COMPANY

Principal Place of Business

**3353 MICHELSON DR.
DEPARTMENT 551M
IRVINE CA 92698
US**

Mailing Address

**3353 MICHELSON DR.
551M
IRVINE CA 92698
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1974

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**D
OLIVER, C.R.
3353 MICHELSON DR.
IRVINE CA**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
FISHER, L.R., JR.
ONE FLUOR DANIEL DRIVE
SUGAR LAND TX**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**SVP
DUNEGAN, J E
3353 MICHELSON DR.
IRVINE CA**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VP
LONG, G W
ONE FLUOR DANIEL DRIVE
SUGARLAND TX**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**AT
MORROW, T.H.
3353 MICHELSON DR.
IRVINE CA**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VP
GRASSMAN, D D
3353 MICHELSON DR.
IRVINE CA**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

**D
SANDS, C.D.
3353 MICHELSON DRIVE
IRVINE, CA 92698**

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

SVP

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

**P
SANDS, C.D.
3353 MICHELSON DRIVE
IRVINE, CA 92698**

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

T.H. MORROW, ASST. TREASURER

4/9/98

(714) 975-6944

CR2E034 (10/97)