
2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

Secretary of State DOCUMENT #831643 02-02-2005 90049 007 ***150.00 WILLIAMS BROTHERS ENGINEERING COMPANY Principal Place of Business Mailing Address ONE ENTERPRISE DR ONE ENTERPRISE DR F2B 40011244 ALISO VIEJO, CA 92656 ALISO VIEJO, CA 92656 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 73-0777873 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE, FL 32301 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME SANDS, C.D. MAME STREET ADDRESS ONE ENTERPRISE DR STREET ADDRESS CITY-ST-ZIP ALISO VIEJO, CA 92656 CITY-ST-7IP TITLE Delete TITLE VT **Change** ■ Addition HULL, S.F. Joanna M. Oliva one Enterprise Dr. # FZB NAME NAME ONE ENTERPRISE DR STREET ADDRESS STREET ADDRESS CITY-ST-78 ALISO VIEJO, CA 92656 CITY+ST-7IP Aliso Viejo, CA 92656 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TSENG, MIN C NAME NAME STREET ADDRESS ONE ENTERPRISE DR STREET ADDRESS CITY-ST-7IP ALISO VIEJO, CA 92656 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FISHER, L.N. NAME NAME STREET ADDRESS ONE ENTERPRISE DR STREET ADDRESS CITY-ST-7IP ALISO VIEJO, CA 92656 CtTY-ST-ZIP Delete ■ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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FILED

Feb 02, 2005 8:00 am

949-349-4461