2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 8:00 am Secretary of State **DOCUMENT #831643** 01-23-2006 90039 041 ***150.00 1. Entity Name WILLIAMS BROTHERS ENGINEERING COMPANY Principal Place of Business Maiting Address ONE ENTERPRISE DR ONE ENTERPRISE DR F2B F2B ALISO VIEJO, CA 92656 ALISO VIEJO, CA 92656 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 73-0777873 Not Applicable Country Zip 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. 2731 EXECUTIVE PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 4 WESTON, FL 33331 City 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP PRESIDENT Delete TITLE K Change ☐ Addition TITLE NAME SANDS, C.D. NAME J.C. HEAVNER ONE ENTERPRISE DRIVE STREET ADDRESS ONE ENTERPRISE DR STREET ADDRESS CITY-ST-ZIP ALISO VIEJO, CA 92656 CITY-ST-ZIP ALISO VIEJO, CA 92656 VT Delete TITLE ☐ Change Addition TITLE OLIVA, JOANNA M NAME NAME STREET ADDRESS ONE ENTERPRISE DR. #F2B STREET ADDRESS ALISO VIEJO, CA 92656 CITY-ST-ZIP CITY-ST-ZIP ΑТ ☐ Delete TITLE ☐ Change ☐ Addition TITLE TSENG, MIN C NAME NAME STREET ADDRESS ONE ENTERPRISE DR STREET ADDRESS CITY-ST-ZIP ALISO VIEJO, CA 92656 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE FISHER, L.N. NAME ONE ENTERPRISE DR STREET ADDRESS STREET ADDRESS ALISO VIEJO, CA 92656 CITY-ST-ZIP CITY-ST-ZiP Addition DIRECTOR Change ☐ Delete TITLE TIFLE NAME L.N. FISHER NAME STREET ADDRESS STREET ADDRESS ONE ENTERPRISE DRIVE CITY-ST-ZIP 92656 CITY-ST-ZIP ALISO VIEJO, CA Delete ☐ Change ☐ Addition TITLE 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 exemptions contained in Chapter 119, 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.

MIN

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED