

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90052 002 ***150.00

DOCUMENT # 831643

1. Entity Name
WILLIAMS BROTHERS ENGINEERING COMPANY



Principal Place of Business
**ONE ENTERPRISE DR
F2B
ALISO VIEJO CA 92656
US**

Mailing Address
**ONE ENTERPRISE DR
F2B
ALISO VIEJO CA 92656
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-0777873**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANDS, C D	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HULL, S.F.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEASON, RA	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TSENG, MIN C	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOLNY, R J	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, L.N.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

Min C. Tseng

4/14/03

(949)249-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)