

1995

STATE OF FLORIDA
DEPARTMENT OF REVENUE

25 APR 19 11 54

DOCUMENT # **839913** (1)
1. Corporation Name
DANIEL INTERNATIONAL CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3333 MICHELSON DR. 551M
IRVINE CA 92730**

Mailing Address
**3333 MICHELSON DR. 551M
IRVINE CA 92730**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified: 01/26/1978	3a. Date of Last Report: 04/20/1994
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.	4. FEI Number: 57-0150130		Applied For: Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KONON, N.A.	1.1 TITLE: P	NAME: ROLLANS, J.O.
STREET ADDRESS: 3333 MICHELSON DRIVE	CITY-ST-ZIP: IRVINE CA	1.2 NAME:	1.3 STREET ADDRESS:
TITLE: AT	NAME: ELLIOT, S., R.	2.1 TITLE:	NAME:
STREET ADDRESS: 3333 MICHELSON DR	CITY-ST-ZIP: IRVINE CA	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: S	NAME: FISHER, L. N.	3.1 TITLE:	NAME:
STREET ADDRESS: 3333 MICHELSON DRIVE	CITY-ST-ZIP: IRVINE CA	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: VD	NAME: BOBBEY, THOMAS E.	4.1 TITLE: VP	NAME: OAKLEY, R.W.
STREET ADDRESS: 100 FLUOR DANIEL DR	CITY-ST-ZIP: GREENVILLE SC	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: AT	NAME: MORROW, T. H.	5.1 TITLE:	NAME:
STREET ADDRESS: 3333 MICHELSON DR.	CITY-ST-ZIP: IRVINE CA	5.2 NAME:	5.3 STREET ADDRESS:
TITLE: YARD	NAME: DRYDEN, B. J. IV	6.1 TITLE: D	NAME: THOMSON, S.A.
STREET ADDRESS: 166 FLUOR DANIEL DR	CITY-ST-ZIP: GREENVILLE SC	6.2 NAME:	6.3 STREET ADDRESS: 3333 MICHELSON DR., 551M
		6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP: IRVINE, CA 92730

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
DATE: **04/12/95** TELEPHONE: **714/ 975-6944**

APPROVED

TAX DEPT