

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856572

(3)

1. Corporation Name
FLUOR DANIEL, INC.

Principal Place of Business

FLUOR DANIEL INC.
3333 MICHELSON DR., 551M
IRVINE CA 92730-7001

Mailing Address

FLUOR DANIEL INC.
3333 MICHELSON DR., 551M
IRVINE CA 92612-0625



2. Principal Place of Business

21 3353 MICHELSON DRIVE

Suite, Apt. #, etc.

22 City & State

23 IRVINE, CA

24 Zip

92698

25 Country

2a. Mailing Address

26 3353 MICHELSON DRIVE

Suite, Apt. #, etc.

27 551M

28 City & State

IRVINE, CA

29 Zip

92698

30 Country

3. Date Incorporated or Qualified

05/26/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

95-2758280

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
528 EAST PARK AVE.
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COBLE, H. K.
3333 MICHELSON DRIVE
IRVINE CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S FISHER, L. N.
3333 MICHELSON DRIVE
IRVINE CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CAOD ROLLANS, J.O.
3333 MICHELSON DRIVE
IRVINE CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVP BRADLEY, C.J.
3333 MICHELSON DRIVE
IRVINE CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT MORROW, T.H.
3333 MICHELSON DRIVE
IRVINE CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CFO CONAWAY, J.M.
3333 MICHELSON DR
IRVINE CA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
3353 MICHELSON DRIVE
IRVINE, CA 92698

14. I do 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.

T.H. MORROW

ASST. TREASURER

04/23/97

711-1-275-0007

CP2E034 (9/96)