**FILED** 

Mar 11, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 856572

1. Corporation Name

FLUOR	DANIEL, INC.					
Principal Place of Business Mailing Address						Alan Alan Alan Bian dian Alan Alan
FLUOR DANIELM INC. 3353 MICHELSON DR IRVINE CA 92698 US		FLUOR DANIELM (NC. 3353 MICHELSON DR SUITE 551M IRVINE CA 92698 US		DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE	
00					05/26/1983	
2. Principal	I Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			95-2758280	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 3	Countr	y	This corporation owes the current ye     Personal Property Tax.	ear Intangible ☑ Yes □ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301			8:	Street	Address (P.O. Box Number is Not Acceptable)	
			84	City		FL 85 Zip Code
l office o	int to the provisions of Sections 607.05 or registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was aut	horized b	/ the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATUR	Signature, typed or printed name of registered age	ont and title if applicable (NOTE: F	Registered Age	ent signature r	required when reinstating) DA	NTE
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		DVS	Change Addition
NAME	FISHER, L N		1.2 NAME	+000000		

TORS IN 12 Addition 1.3 STREET ADDRESS STREET ADDRESS 3353 MICHELSON DR IRVINE CA 92698 I.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE. ٧S 2.1 TITLE TITLE FISHER, L. N. 2.2 NAME NAME 3353 MICHELSON DR 2.3 STREET ADDRESS STREET ADDRESS IRVINE CA 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . DELETE 3.1 TITLE TITLE CAOD ROLLANS, J.O. 3.2 NAME NAME 3353 MICHELSON DR 3.3 STREET ADDRESS STREET ADDRESS IRVINE CA 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change **⊠** DELETE 4.1 TITLE TITLE DVP BRADLEY, C.J. 4 2 NAME NAME 3353 MICHELSON DR 4.3 STREET ADDRESS STREET ADDRESS IRVINE CA CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE AT 52 NAME MORROW, T.H. NAME 5.3 STREET ADDRESS 3353 MICHELSON DR STREET ADDRESS 5.4 CITY-ST-ZIP **IRVINE CA** CITY-ST-ZIP 6.1 TITLE Addition DELETE. TITLE 6.2 NAME CONAWAY, J.M. NAME 6.3 STREET ADDRESS 3353 MICHELSON DR STREET ADDRESS 6.4 CITY-ST-ZIP **IRVINE CA** 

14. 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 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, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

T. H. MORROW ASSISTANT TREASURER

CR2E034 (11/98)