DOCUMENT # 856572  1. Entity Name  FLUOR ENTERPRISES, INC.					_	
Principal Place of Business  FLUOR DANIELM INC. 3353 MICHELSON DR IRVINE CA 92698 US  2. Principal Place of Business		Mailing Address  FLUOR DANIELM INC. 3353 MICHELSON DR SUITE 551M IRVINE CA 92612-0650 US  3. Mailing Address		771U196 9FT		
-	ENTERPRISE DR.	ONE ENTERPO	LISE DR.	DO NOT WRITE IN THIS SPACE		
City & Stat		City & State ALISO VIEJO	CA	4. FE! Number 95-2758280 Applied For Not Applicab	ole	
Zip 9265	Country	Zip 926562606	Country US	5. Certificate of Status Desired		
526	I SERVICES, INC. EAST PARK AVE. AHASSEE FL 32301		Street A	t Address (P.O. Box Number is Not Acceptable)  FL Zip Code		
Tax filing r	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	!! FEE IS \$150. 00 Fee will be \$5	\$550.00 Trust Fund Contribution.	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FISHER, L N 3353 MICHELSON DR IRVINE CA 92698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	0n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLANS, J.O. 3353 MICHELSON DR IRVINE CA	<b>∑3.</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CARROLL JR., P.J.  S ONE ENTERPRISE DR.  AUSO VIETO CA 92656	on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORROW, T.H. 3353 MICHELSON DR IRVINE CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	⊠ Change ☐ Addition	าก	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D ☐ Change ☑ Addition	nc	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ☐ Change ☑ Addition	nc	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	V ☐ Change 💆 Addition	on	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OT H NOR ROW

1949 ) 349 - 4031