
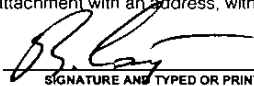


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90003 006 ***150.00

DOCUMENT # F03000001683			
1. Entity Name PARSONS FACILITY SERVICES COMPANY			
Principal Place of Business 100 W. WALNUT STREET PASADENA, CA 91124		Mailing Address 9906 GULF FRWY ATTN: MELINDA YARBROUGH HOUSTON, TX 77034	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16055 Space Center Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 425 - Attn: Tolena Gray	
City & State		City & State Houston, TX	
Zip	Country	Zip	Country
		77062	USA
--- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, CURTIS A	NAME	
STREET ADDRESS	100 W. WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91124	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROELL, THOMAS L	NAME	
STREET ADDRESS	100 W WALNUT ST	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91124	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, GARY L	NAME	
STREET ADDRESS	100 W. WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91124	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, IAN R	NAME	
STREET ADDRESS	100 W. WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91124	CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT W	NAME	
STREET ADDRESS	100 W. WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91124	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, ROBERT J	NAME	
STREET ADDRESS	9906 GULF FRWY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77034	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Robert Camp - Asst. Secretary 3/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	