

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001683

FILED
Apr 16, 2008
Secretary of State

Entity Name: PARSONS FACILITY SERVICES COMPANY

Current Principal Place of Business:

100 W. WALNUT STREET
PASADENA, CA 91124

New Principal Place of Business:

Current Mailing Address:

16055 SPACE CENTER BLVD
425-ATTN:TOLENA GRAY
HOUSTON, TX 77062

New Mailing Address:

FEI Number: 95-4517118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DET () Delete
Name: BOWER, CURTIS A
Address: 100 W. WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: DP () Delete
Name: ROELL, THOMAS L
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: SVP () Delete
Name: STONE, GARY L
Address: 100 W. WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: VP () Delete
Name: THOMSEN, IAN R
Address: 100 W. WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: VPAS () Delete
Name: JONES, ROBERT W
Address: 100 W. WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: AS () Delete
Name: CAMP, ROBERT J
Address: 9906 GULF FRWY
City-St-Zip: HOUSTON, TX 77034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CAMP

AS

04/16/2008

Electronic Signature of Signing Officer or Director

Date