


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91235 002 \*\*\*150.00

**DOCUMENT # F93000005902**

1. Entity Name  
**FOSTER WHEELER ENVIRONMENTAL CORPORATION**



Principal Place of Business      Mailing Address

**1000 THE AMERICAN RD  
MORRIS PLAINS NJ 07950  
US**      **1000 THE AMERICAN RD  
MORRIS PLAINS NJ 07950  
US**

2. Principal Place of Business      3. Mailing Address


**Perryville Corporate Park**      **Perryville Corporate Park**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Clinton NJ**      **Clinton NJ**

Zip      Country      Zip      Country

**08809 US**      **08809-4000 US**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**75-2512450**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	AT <input type="checkbox"/> Delete
NAME	CHANCO, GERARDO
STREET ADDRESS	PERRYVILLE CORPORATE PARK
CITY-ST-ZIP	CLINTON NJ 08809
TITLE	AS <input type="checkbox"/> Delete
NAME	DOYLE, JOHN A JR
STREET ADDRESS	PERRYVILLE CORPORATE PARK
CITY-ST-ZIP	CLINTON NJ 08809
TITLE	AS <input type="checkbox"/> Delete
NAME	TURCHICK, PETER A
STREET ADDRESS	PERRYVILLE CORPORATE PARK
CITY-ST-ZIP	CLINTON NJ 08809
TITLE	S <input type="checkbox"/> Delete
NAME	FRIES, GARDNER L
STREET ADDRESS	PERRYVILLE CORPORATE PARK
CITY-ST-ZIP	CLINTON NJ 08809-4000
TITLE	DOT <input checked="" type="checkbox"/> Delete
NAME	JINDELL, RAKESH K
STREET ADDRESS	PERRYVILLE CORPORATE PARK
CITY-ST-ZIP	CLINTON NJ 08809
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cherry, Bernard H.
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jindal, Rakesh K.
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scerbo, Anthony
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desmanis, Thierry
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claus, Keith A.
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crumm II, Clifton J
STREET ADDRESS	Perryville Corporate Park
CITY-ST-ZIP	Clinton NJ 08809

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rakesh K. Jindal*      *Rakesh K. Jindal*      *4/1/04*      *908-730-4000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #