


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90185 008 ***150.00

DOCUMENT # F94000003060					
1. Entity Name PARSONS-JURDEN CORPORATION					
Principal Place of Business 100 W. WALNUT ST. PASADENA, CA 91124			Mailing Address 9906 GULF FRWY ATTN: MELINDA YARBROUGH HOUSTON, TX 77034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-1715657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPPELL, JAMES R		NAME		
STREET ADDRESS	1133 15 ST NW STE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	EVTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWER, CURTIS A		NAME		
STREET ADDRESS	100 W. WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANSON, THOMAS L		NAME		
STREET ADDRESS	100 W. WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMSEN, IAN R		NAME		
STREET ADDRESS	100 W. WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRON, THOMAS E		NAME		
STREET ADDRESS	1133 15 ST. N.W., STE. 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	D ROELL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOEX, THOMAS L		NAME		
STREET ADDRESS	100 WEST WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		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:  **Thomas Johanson** **ASST Secretary** **4-26-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #