


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

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	



03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1715657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAPPELL, JAMES R
STREET ADDRESS	1133 15 ST NW STE 800
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	EVTD
NAME	BOWER, CURTIS A
STREET ADDRESS	100 W. WALNUT ST.
CITY-ST-ZIP	PASADENA, CA
TITLE	AS
NAME	JOHANSON, THOMAS L
STREET ADDRESS	100 W. WALNUT ST.
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	VAS
NAME	THOMSEN, IAN R
STREET ADDRESS	100 W. WALNUT ST.
CITY-ST-ZIP	PASADENA, CA 91124
TITLE	EVPD
NAME	BARRON, THOMAS E
STREET ADDRESS	1133 15 ST. N.W., STE. 800
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	D
NAME	ROELL, THOMAS L
STREET ADDRESS	100 WEST WALNUT STREET
CITY-ST-ZIP	PASADENA, CA 91124

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04/13/07-80015-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #