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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000628 (6)

1. Corporation Name
FACILITY & PLANT SERVICES, INC.

Principal Place of Business	Mailing Address
3333 MICHELSON DR. IRVINE CA 92730	3333 MICHELSON DR. IRVINE CA 92612-0625

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 3353 MICHELSON DRIVE
Suite, Apt. #, etc.
22 551M
City & State
23 IRVINE, CA
Zip 24 92698 Country 25 USA

2a. Mailing Address
26 3353 MICHELSON DRIVE
Suite, Apt. #, etc.
27 551M
City & State
28 IRVINE, CA
Zip 29 92698 Country 30 USA

4. FEI Number: 57-0797431 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURDOCK, D M		1.2 NAME		
STREET ADDRESS	100 FLOUR DANIEL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCCRAW, L.G.		2.2 NAME		
STREET ADDRESS	3333 MICHELSON DR.		2.3 STREET ADDRESS	100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP	IRVINE CA 92730		2.4 CITY-ST-ZIP	GREENVILLE, SC 29607	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PITTMAN, J E JR		3.2 NAME		
STREET ADDRESS	100 FLUOR DANIEL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	CHIEF FINANCIAL OFFICER	☒ Change ☐ Addition
NAME	CONAWAY, J.M.		4.2 NAME		
STREET ADDRESS	3333 MICHELSON DR.		4.3 STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA 92730		4.4 CITY-ST-ZIP	IRVINE, CA 92698	
TITLE	VPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, S A		5.2 NAME		
STREET ADDRESS	100 FLUOR DANIEL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE	ASSISTANT TREASURER	☒ Change ☐ Addition
NAME	MORROW, T H		6.2 NAME		
STREET ADDRESS	3333 MICHELSON DR		6.3 STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP	IRVINE, CA 92698	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] T H MORROW ASST TREASURER 4/24/97 (714) 975-1901