

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90966 038 ***150.00

0671951

DOCUMENT # F95000000628

1. Entity Name
FLUOR FACILITY & PLANT SERVICES, INC.

Principal Place of Business ONE ENTERPRISE DRIVE F2B ALISO VIEJO CA 92656 US	Mailing Address ONE ENTERPRISE DRIVE F2B ALISO VIEJO CA 92656 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **57-0797431**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **SMITH, H R** Delete
 STREET ADDRESS **100 FLUOR DANIEL DRIVE**
 CITY-ST-ZIP **GREENVILLE SC 29607**

TITLE **PRESIDENT** Change Addition
 NAME **R.G. PETERSON**
 STREET ADDRESS **ONE ENTERPRISE DR**
 CITY-ST-ZIP **ALISO VIEJO, CA. 92656**

TITLE **CFO** Delete
 NAME **HAKE, R F**
 STREET ADDRESS **ONE ENTERPRISE DRIVE**
 CITY-ST-ZIP **ALISO VIEJO CA 92656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **FISHER, L N**
 STREET ADDRESS **ONE ENTERPRISE DRIVE**
 CITY-ST-ZIP **ALISO VIEJO CA 92656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** Delete
 NAME **HULL, S F**
 STREET ADDRESS **ONE ENTERPRISE DRIVE**
 CITY-ST-ZIP **ALISO VIEJO CA 92656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **THOMSON, S A**
 STREET ADDRESS **100 FLUOR DANIEL DR**
 CITY-ST-ZIP **GREENVILLE SC**

TITLE **VICE PRESIDENT** Change Addition
 NAME **C.E. MOORE**
 STREET ADDRESS **ONE ENTERPRISE DR.**
 CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE **AT** Delete
 NAME **MORROW, T H**
 STREET ADDRESS **ONE ENTERPRISE DR**
 CITY-ST-ZIP **ALISO VIEJO CA 92656**

TITLE **ASST. TREASURER** Change Addition
 NAME **MIN C. TSENG**
 STREET ADDRESS **ONE ENTERPRISE DR.**
 CITY-ST-ZIP **ALISO VIEJO, CA 92656**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Min Tseng **MIN TSENG** **4-3-01** **949-349-6091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)