

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

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**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STEVENS, M. A.
ONE ENTERPRISE DR.
ALISO VIEJO, CA 92656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
STEUERT, D M
ONE ENTERPRISE DRIVE
ALISO VIEJO, CA 92656**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000012559
01/26/04-80015-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/04

(949) 349-2000