

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005057

1. Entity Name

FLUOR DANIEL OVERLAND EXPRESS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 016 ***150.00

Principal Place of Business

Mailing Address

3353 MICHELSON DR.
IRVINE CA 92698
US

3353 MICHELSON DR.
551M
IRVINE CA 92612-0650
US

2. Principal Place of Business

3. Mailing Address

ONE ENTERPRISE DR.

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

F2B

City & State

City & State

ALISO VIEJO CA

ALISO VIEJO CA

Zip

Country

Zip

Country

92656

US

92656-2606

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	MYERS, D L	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, L.N.	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CONAWAY, J.M.	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OAKLEY, R.W.	
STREET ADDRESS	100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, T.H.	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, R.G.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	
CITY-ST-ZIP	CA 92656	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAKE, R.F.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	
CITY-ST-ZIP	CA 92656	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, S.C.	
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)(i), 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:

T.H. MORROW, ASST. TREASURER

2/15/2000

(949) 349-4031

CR2E034 (9/99)