

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005057</b> 1. Entity Name <b>FLUOR DANIEL OVERLAND EXPRESS, INC.</b>					
Principal Place of Business <b>ONE ENTERPRISE DR F2B ALISO VIEJO CA 92656 US</b>			Mailing Address <b>ONE ENTERPRISE DR F2B ALISO VIEJO CA 92656 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-0684036</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEVENS, M.A.</b>		NAME		
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALISO VIEJO CA 92656</b>		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISHER, L.N.</b>		NAME		
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALISO VIEJO CA 92656</b>		CITY - ST - ZIP		
TITLE	CFO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEUERT, MIKE</b>		NAME		
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALISO VIEJO CA 92656</b>		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OAKLEY, R.W.</b>		NAME		
STREET ADDRESS	<b>100 FLUOR DANIEL DRIVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>GREENVILLE SC</b>		CITY - ST - ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TSENG, MIN C</b>		NAME		
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALISO VIEJO CA 92656</b>		CITY - ST - ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISS, S.C.</b>		NAME		
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALISO VIEJO CA 92656</b>		CITY - ST - ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			<b>Min C. Tseng</b> <b>1/28/04</b> <b>(949) 349-4461</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



MOORE CR2E034 (11/03)