

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000005057

1. Entity Name
FLUOR DANIEL OVERLAND EXPRESS, INC.



Principal Place of Business

**ONE ENTERPRISE DR
F2B
ALISO VIEJO, CA 92656 US**

Mailing Address

**ONE ENTERPRISE DR
F2B
ALISO VIEJO, CA 92656 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0684036

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVENS, M.A.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	SD
NAME	FISHER, L.N.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	CFO
NAME	STEUERT, MIKE
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	V
NAME	OAKLEY, R.W.
STREET ADDRESS	100 FLUOR DANIEL DRIVE
CITY-ST-ZIP	GREENVILLE, SC
TITLE	AT
NAME	TSENG, MIN C
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	AS
NAME	WEISS, S.C.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656

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03/04/06-80050-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Min C. Tseng

1/18/06

Date

(949)349-4461

Daytime Phone #