FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
04-23-2002 90426 029 ***150.00

DOCUMENT # F95000005059

1. Entity Name

FLUOR Daniel FLORIDA RAIL

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2. Principal Place of Business	3. Mailing Address
ONE ENTERPRISE DR.	One Enterprise Dr.
Suite, Apt. #, etc.: F2B	Suite, Apt. #, etc.: F2 B
City & State: ALISO VIEJO, CA	City & State: ALISO VIEJO, CA
Zip: 92656 Country: US	Zip: 92656 Country: US

4. FEI Number: 33-0684034 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 526 EAST PARK AVE.

City: TALLAHASSEE FL Zip Code: 32301

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. (See criteria on back) ☐

January 1, May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	R.G. PETERSON
STREET ADDRESS	ONE ENTERPRISE DR.
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	CFO
NAME	O.M. STEUERT
STREET ADDRESS	ONE ENTERPRISE DR.
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	SECRETARY
NAME	L.N. FISHER
STREET ADDRESS	ONE ENTERPRISE Dr.
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	ASST. TREASURER
NAME	MIN C. TSENG
STREET ADDRESS	ONE ENTERPRISE Dr.
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MIN C. TSENG 4/02/02 949-349-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #