


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005059		
1. Entity Name FLUOR DANIEL FLORIDA RAIL, INC.		

Principal Place of Business 1 ENTERPRISE DR F2B ALISO VIEJO, CA 92656 US	Mailing Address 1 ENTERPRISE DR F2B ALISO VIEJO, CA 92656 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0684034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
516 E PARK AVE
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, M A 1 ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STEUERT, D.M. 1 ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, L.N. ONE ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSENG, MIN C. 1 ENTERPRISE DRIVE ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, S A 1 ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000207920
02/01/05-80062-019 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Min C. Tseng 1/13/05 (949) 349-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #