2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **F97000001511** Feb 28, 2000 8:00 am **Secretary of State** MAINTENANCE AND INDUSTRIAL SERVICES, INC. 02-28-2000 90182 014 ***150.00 Principal Place of Business Mailing Address 3353 MICHELSON DR., STE, 330D 3353 MICHELSON DR., STE, 330D 551M 551M IRVINE CA 92698 IRVINE CA 92612-0650 US US 3. Mailing Address 2. Principal Place of Business ONE ENTERPRISE ONE ENTERPRISE DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. FIB F&B Applied For City & State City & State 4. FEI Number 33-0432280 VIEJO <u>pliso</u> VIETO Not Applicable ALISO CA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 92656 นร 92656 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition Delete TITLE FISHER, L.N. NAME NAME ONE ENTERPRISE DR. STREET ADDRESS STREET ADDRESS 3353 MICHELSON DR. CITY-ST-ZIP CITY-ST-ZIP **IRVINE CA 92698** 92656 Addition Delete TITLE Change NAME SMITH, H.R. NAME STREET ADDRESS 100 FLUOR DANIEL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29607** Change ☐ Addition TITLE ☐ Delete TITLE NAME HULL, S.F. ONE ENTERPRISE DR. STREET ADDRESS 3353 MICHELSON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **IRVINE CA 92698** Addition TITLE ☐ Delete TITLE MORROW, T.H. NAME NAME STREET ADDRESS 3353 MICHELSON DR. STREET ADDRESS DNE ENTERPRISE DR. CITY-ST-ZIP CITY-ST-ZIP **IRVINE CA 92698** AUSO VIETU Change **Addition** ☐ Delete TITLE TITLE WALTON, M.H. NAME NAME STREET ADDRESS STREET ADDRESS 100 FLUOR DANIEL DR. CITY-ST-ZIP CITY-ST-ZIP GREENVILLE 29607 CFO Delete ☐ Change Addition TITLE TITLE HAKE, R. F. NAME NAME STREET ADDRESS STREET ADDRESS ONE ENTERPRISE DR. CITY-ST-ZIP CITY-ST-ZIP ALISO VIETO 92656 CA 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