

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000001511**

1. Entity Name

**FLUOR INDUSTRIAL SERVICES, INC.****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90039 019 \*\*\*150.00

**00037681**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **33-0432280**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
FISHER, L.N.  
ONE ENTERPRISE DR.  
ALISO VIEJO CA 92656** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SMITH, H.R.  
100 FLUOR DANIEL DR.  
GREENVILLE SC 29607** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
R.G. PETERSON  
ONE ENTERPRISE DR.  
ALISO VIEJO, CA 92656** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
HULL, S.F.  
ONE ENTERPRISE  
ALISO VIEJO CA 92656** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
MORROW, T.H.  
ONE ENTERPRISE  
ALISO VIEJO CA 92656** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. TREASURER  
MIN C. TSENG  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WALTON, M H  
100 FLUOR DANIEL DR  
GREENVILLE SC 29607** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
B.B. ISOM  
ONE ENTERPRISE DR.  
ALISO VIEJO, CA 92656** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
HAKE, R F  
ONE ENTERPRISE  
ALISO VIEJO CA 92656** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 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**

Date

**4-3-01**

Daytime Phone #

**949349.6091**

CR2E034 (10/00)