

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/17

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90039 020 \*\*\*150.00

**DOCUMENT # F99000005855**

1. Entity Name

**FLUOR DANIEL ILLINOIS, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2100052**

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.  
 528 EAST PARK AVENUE  
 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	P	<input type="checkbox"/> Delete
NAME	BOECKMANN, A. L.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, F.L.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEYER, D.A.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, L.N.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HULL, S.F.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAHLE, V. SNYDER	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

TITLE	ASST. TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIND C. TSENG	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G.F. HARNETT	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

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

**MIND C. TSENG 4-3-01**

Date

**9493496091**

Daytime Phone #

CR2E034 (10/00)