

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 033 ***150.00

DOCUMENT #

1. Entity Name
F99000005855
FLUOR DANIEL ILLINOIS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE ENTERPRISE DR.

3. Mailing Address
ONE ENTERPRISE DR.

Suite, Apt. #, etc.
F2 B

Suite, Apt. #, etc.
F2 B

City & State
ALISO VIEJO, CA

City & State
ALISO VIEJO, CA

Zip
92656

Zip
92656

Country
US

Country
US

4. FEI Number
36-2100052

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

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC

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

526 EAST PARK AVENUE

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

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

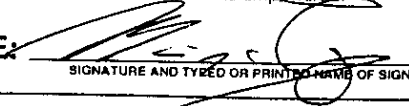
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT A.L. BOECKMANN ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO D.M. STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-P S.F. HULL ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR F.L. SIMS ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. TREAS. MIN C. TSENG ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

3. 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** **4-2-02** **949-349-6091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Days this Phone: #

CR2E034B (12/01)