

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90285 033 \*\*\*150.00

**DOCUMENT # F99000005855**

1. Entity Name  
**FLUOR DANIEL ILLINOIS, INC.**



Principal Place of Business

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

Mailing Address

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



03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AT  
J. M. Lucas  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SIMS, F.L.  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
J. L. FAULK  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
STEUERT, D M  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
DUNNING, D R  
ONE ENTERPRISE DR  
ALISO VIEJO, CA 92656**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
FISHER, L N  
ONE ENTERPRISE DRIVE  
ALISO VIEJO, CA 92656**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**949-349-7107**