

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Medham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00784 (9)

1. Corporation Name

ADP FLUOR DANIEL, INC.

Principal Place of Business

2480 N. ARCADIA AVE.
TUCSON AZ 85712

Mailing Address

2480 N. ARCADIA AVE.
TUCSON AZ 85712



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

NRAI Services, Inc.

82

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

526 E. Park Avenue

83

84

City

Tallahassee

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

C. Buel, Vice President

5/10/96

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	ANDERSON, RICHARD L.	
STREET ADDRESS	4520 HACIENDA DE SOL	
CITY-STATE-ZIP	TUCSON AZ	
TITLE	VD	☒ DELETE
NAME	HARRIS, MICHAEL	
STREET ADDRESS	4540 N. VIA MASINA	
CITY-STATE-ZIP	TUCSON AZ 85715	
TITLE	VD	☐ DELETE
NAME	PAN, SOLOMON	
STREET ADDRESS	640 DAVIS ST, #23	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	PD	☐ DELETE
NAME	HARMAN, DALE D.	
STREET ADDRESS	2232 E CERRADA BALA	
CITY-STATE-ZIP	TUCSON AZ	
TITLE	VT	☐ DELETE
NAME	OWEN, PHILIP	
STREET ADDRESS	7305 E. SHOREWARD LOOP	
CITY-STATE-ZIP	TUCSON AZ	
TITLE	VD	☐ DELETE
NAME	MICHAEL, STANLEY E	
STREET ADDRESS	11628 E. DEL TIMBRE DRIVE	
CITY-STATE-ZIP	SCOTTSDALE AZ 85259	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VS	☒ Change ☐ Addition
2. NAME	Anderson, Richard	
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	VD	☐ Change ☒ Addition
6. NAME	Tribble, Joseph	
7. STREET ADDRESS	37 Burning Tree Road	
8. CITY-STATE-ZIP	Newport Beach, California 92660	
9. TITLE	V	☒ Change ☐ Addition
10. NAME	Pan, Solomon	
11. STREET ADDRESS	800001842158	
12. CITY-STATE-ZIP	-05/29/96--01032--004	
13. TITLE	P	☒ Change ☐ Addition
14. NAME	Harman, Dale	
15. STREET ADDRESS	200001842162	
16. CITY-STATE-ZIP	-05/29/96--01032--005	
17. TITLE	VT	☒ Change ☐ Addition
18. NAME	Owen, Philip	
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE	V	☒ Change ☐ Addition
22. NAME	Stanley, Michael	
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip T. Owen VT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)