

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90149 020 ***150.00

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DOCUMENT # P06491

1. Corporation Name

FLUOR DANIEL ENGINEERING, INC.

Principal Place of Business

3353 MICHELSON DR.
551M
IRVINE CA 92698
US

Mailing Address

3353 MICHELSON DR.
551M
IRVINE CA 92698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1985

4. FEI Number

57-0782198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME FISHER, L. N
STREET ADDRESS 3333 MICHELSON DRIVE
CITY-ST-ZIP IRVINE CA

TITLE AT ☐ DELETE

NAME MORROW, T. H.
STREET ADDRESS 3333 MICHELSON DR.
CITY-ST-ZIP IRVINE CA

TITLE VD ☐ DELETE

NAME HAGERTY, P.
STREET ADDRESS 3333 MICHELSON DR
CITY-ST-ZIP IRVINE CA

TITLE PD ☐ DELETE

NAME BERGER, G R
STREET ADDRESS 3333 MICHELSON DR
CITY-ST-ZIP IRVINE CA

TITLE D ☐ DELETE

NAME GRAHAM, JR. C.A.
STREET ADDRESS 301 N MAIN ST
CITY-ST-ZIP IRVINE CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3353 MICHELSON DRIVE
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3353 MICHELSON DRIVE
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3353 MICHELSON DRIVE
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 3353 MICHELSON DRIVE
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

T. H. MORROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT-TREASURER 3/10/99 (949) 975-4031
Date Daytime Phone #

CR2E034 (11/98)