

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90018 045 ***150.00

DOCUMENT # P06491

1. Entity 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 92612-0650 US
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2. Principal Place of Business 134 MERCHANT ST. Suite, Apt. #, etc.	3. Mailing Address ONE ENTERPRISE DR. Suite, Apt. #, etc. F2B
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City & State CINCINNATI OH	City & State ALISO VIEJO CA	4. FEI Number 57-0782198	Applied For <input type="checkbox"/> Not Applicable
Zip 45246	Country US	Zip 92656-2606	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, L. N 3353 MICHELSON DRIVE IRVINE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORROW, T. H. 3353 MICHELSON DRIVE IRVINE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGERTY, P. 3353 MICHELSON DRIVE IRVINE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, G R 3353 MICHELSON DRIVE IRVINE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JR. C.A. 301 N MAIN ST IRVINE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD SIMS, F.L. 100 FLUOR DANIEL DR. GREENVILLE SC 29607

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: T.H. MORROW ASST. TREASURER Date: 2/15/2000 Daytime Phone #: (949) 349-4031

CR2E034 (9/99)