

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

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

03-16-1999 90149 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P07169

1. Corporation Name
STRATEGIC ORGANIZATIONAL SYSTEMS ENVIRONMENTAL ENGINEERING DIVISION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 FLUOR DANIEL DR GREENVILLE SC 29607-2762 US	Mailing Address 3353 MICHELSON DR 551M IRVINE CA 92698 US
---	--

3. Date Incorporated or Qualified 08/20/1985	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 94-2959611	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MURDOCK, D M	
STREET ADDRESS	100 FLUOR DANIEL DR	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HULL, S F	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMSON, S A	
STREET ADDRESS	100 FLUOR DANIEL DR	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SNELGROVE, C.D., JR.	
STREET ADDRESS	301 NORTH MAIN	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORROW, T.H.	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, H.R.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VT
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DV
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 ASSISTANT TREASURER 3/10/99 (949) 975-4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)