

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 E  
ENGINEERING DIVISION, INC.**

Principal Place of Business

**100 FLUOR DANIEL DR  
GREENVILLE SC 29607-2762  
US**

Mailing Address

**3353 MICHELSON DR  
551M  
IRVINE CA 92698  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/20/1985**

4. FEI Number

**94-2959611**

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

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

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

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SMITH, H.R.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VT</b>
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	<b>DV</b>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. H. MORROW**  
**ASSISTANT TREASURER**

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

CR2E034 (1/98)