

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07169

1. Entity Name

STRATEGIC ORGANIZATIONAL SYSTEMS ENVIRONMENTAL E

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90182 011 \*\*\*150.00

Principal Place of Business

100 FLUOR DANIEL DR  
GREENVILLE SC 29607-2762  
US

Mailing Address

3353 MICHELSON DR  
551M  
IRVINE CA 92612-0650  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

ONE ENTERPRISE DR.  
F2B

City & State

City & State

ALISO VIEJO CA

4. FEI Number

94-2959611

Applied For  
Not Applicable

Zip

Country

Zip

Country

92656-2606

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

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

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

(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. (See criteria on back) ☐

**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	P	<input type="checkbox"/> Delete
NAME	SMITH, H.R.	
STREET ADDRESS	100 FLUOR DANIEL DR	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VT	<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	DV	<input type="checkbox"/> Delete
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ONE ENTERPRISE DR.
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	GREENVILLE, SC 29607
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.P. STOVER, SR
STREET ADDRESS	ONE FLUOR DANIEL DR.
CITY-ST-ZIP	SUGAR LAND, TX 77478-3899
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ONE ENTERPRISE DR.
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ONE ENTERPRISE DR.
CITY-ST-ZIP	ALISO VIEJO CA 92656

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/2000

Daytime Phone #

(949) 349-4031

CR2E034 (9/99)