

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07169

1. Entity Name

STRATEGIC ORGANIZATIONAL SYSTEMS ENVIRONMENTAL E

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90039 021 \*\*\*150.00

Principal Place of Business

Mailing Address

100 FLUOR DANIEL DR  
 GREENVILLE SC 29607-2762  
 US

1 ENTERPRISE DR  
 F 28  
 ALISO VIEJO CA 92656-2606  
 US

00037679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

City & State

City & State

ALISO VIEJO, CA

4. FEI Number 94-2959611

Applied For

Not Applicable

Zip

Country

Zip

Country

92656

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME SMITH, H.R. ☒ Delete  
 STREET ADDRESS 100 FLUOR DANIEL DR  
 CITY-ST-ZIP GREENVILLE SC

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME R.G. PETERSON  
 STREET ADDRESS ONE ENTERPRISE DR.  
 CITY-ST-ZIP ALISO VIEJO, CA 92656

TITLE VT ☐ Delete  
 NAME HULL, S F  
 STREET ADDRESS 1 ENTERPRISE DR  
 CITY-ST-ZIP ALISO VIEJO CA 92656

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME THOMSON, S A  
 STREET ADDRESS 100 FLUOR DANIEL DR  
 CITY-ST-ZIP GREENVILLE SC 29607

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME STOVER, J P SR  
 STREET ADDRESS 1 FLUOR DANIEL DR  
 CITY-ST-ZIP SUGAR LAND TX 77478-3899

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AT ☒ Delete  
 NAME MORROW, T.H.  
 STREET ADDRESS 1 ENTERPRISE DR  
 CITY-ST-ZIP ALISO VIEJO CA 92656

TITLE ASST. TREASURER ☒ Change ☐ Addition  
 NAME MIN C. TSENG  
 STREET ADDRESS ONE ENTERPRISE DR.  
 CITY-ST-ZIP ALISO VIEJO, CA 92656

TITLE DV ☐ Delete  
 NAME FISHER, L N  
 STREET ADDRESS 1 ENTERPRISE DR  
 CITY-ST-ZIP ALISO VIEJO CA 92656

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIN C. TSENG

5-1-01

Date

9493496091

Daytime Phone #

CR2E034 (10/00)