

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11770 (5)

1. Corporation Name

BROWN & ROOT INTERNATIONAL, INC.



Principal Place of Business

4100 CLINTON DRIVE
HOUSTON TX 77020
US

Mailing Address

4100 CLINTON DRIVE
P.O. BOX 3, ATT: TAX DEPT.
HOUSTON TX 77001-7003

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/13/1986

3a. Date of Last Report
04/11/1995

4. FIC Number

76-0196617

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P
KNIGHT, T. E.
4100 CLINTON DRIVE
HOUSTON TX

VO
MOORE P. H.
4100 CLINTON DRIVE
HOUSTON TX

V
MONTGOMERY, G. M.
4100 CLINTON DRIVE
HOUSTON TX

AS
FINNEN, M W
4100 CLINTON DRIVE
HOUSTON TX

AT
LOCKWOOD, T W
4100 CLINTON DRIVE
HOUSTON TX

AT
LOCKWOOD, T W
4100 CLINTON DRIVE
HOUSTON TX

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

Fischer, R. B.

14. I do hereby certify that the information given with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information given with this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or limited partnership to which this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the previous report.

SIGNATURE: *T. W. Lockwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. W. Lockwood, Assist. Treasurer

3/20/96

713/676-3011

CR2E034 (12/95)