

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90278 020 ***150.00

DOCUMENT # P24174

1. Entity Name

FOSTER WHEELER ENERGY SERVICES, INC.

Principal Place of Business

**9645 SCRANTON RD
 SAN DIEGO CA 92121**

Mailing Address

**C/O TAX DEPT
 PERRYVILLE CORPORATE PARK
 CLINTON NJ 08809
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0271671

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 STE 105
 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, 2002 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	TD	<input type="checkbox"/> Delete
NAME	KOECKERT, ROBERT A	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BOHLM, RICHARD C	
STREET ADDRESS	8925 RENCO ROAD	
CITY-ST-ZIP	SAN DIEGO CA 92121-3269	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARDNER, LISA FRIES	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, HARRIS	
STREET ADDRESS	8925 REHCO RD	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RISTAM, TIMOTHY L	
STREET ADDRESS	PERRYVILLE CORPORATED PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CHARRO, GERADO	
STREET ADDRESS	PERRYVILLE CORP PARK	
CITY-ST-ZIP	CLINTON NJ 08809	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koeckert, Robert A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bohlin, Richard C.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Scerbo	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809-4000	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick E. Linck	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809-4000	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Doyle, Jr.	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809-4000	
TITLE	Director, OF TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rakesh K. Jindal	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809-4000	

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

5/1/02

908-713-3005

Date

Daytime Phone #

CR2E034 (9/01)