

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90197 004 ***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 - No P.O. Box #

Perryville Corporate Park

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Clinton NJ

City & State

4. FEI Number

76-0271671

Applied For

Not Applicable

Zip

08809-4000

Country

USA

Zip

08809-4000

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DESMANIS, THIERRY	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	BRIDGEWATER NJ 08807	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JINDAL, RAKESH K	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEDELKA, GARY T	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCERBO, ANTHONY	
STREET ADDRESS	PERRYVILLE CORPORATE PLACE	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOYLE, JOHN A JR	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEAN, EDWARD C	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scerbo, Anthony	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ganz, Peter J.	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hagan, Kevin C.	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiLauri, Steve	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thau, Ronald R.	
STREET ADDRESS	Perryville Corporate Park	
CITY-ST-ZIP	Clinton NJ 08809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 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

5/1/08

908-730-4000