

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Merham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25908** (5)

1. Corporation Name
BROWN & ROOT, INC.

Principal Place of Business 4100 CLINTON DR P.O. BOX 3 . ATTENTION: TAX DEPT. HOUSTON TX 77020 US	Mailing Address 4100 CLINTON DR PO BOX 3 ATTN: TAX DEPT HOUSTON TX 77001-0003 US
---	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 05/01/1994
--	--

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 76-0284788		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23	Zip	28	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip				
		30	Country				

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, P H	12 NAME	
STREET ADDRESS	4100 CLINTON DR	13 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	14 CITY - ST - ZIP	
TITLE	AT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, T W	22 NAME	
STREET ADDRESS	4100 CLINTON DR	23 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	24 CITY - ST - ZIP	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, T. E.	32 NAME	
STREET ADDRESS	518 RAMBLEWOOD	33 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, G. M.	42 NAME	
STREET ADDRESS	6358 MERCER	43 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	44 CITY - ST - ZIP	
TITLE	AS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEN, M W	52 NAME	
STREET ADDRESS	3218 REBA DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 file on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

3/30/95
Date

713/676-8464
Telephone No.

T. W. Lockwood, Asst. Treasurer