## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P25908** May 24, 2000 8:00 am Secretary of State 1. Entity Name KELLOGG BROWN & ROOT, INC. 05-24-2000 90062 036 \*\*\*150.00 Principal Place of Business Mailing Address 4100 CLINTON DR 4100 CLINTON DR ATTN TAX DEPT P.O. BOX 3 . ATTENTION: TAX DEPT. HOUSTON TX 77020-6237 HOUSTON TX 77020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 76-0284788 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SVP ☐ Addition Delete TITLE TITLE P. W. ARBOUR NAME NAME STREET ADDRESS STREET ADDRESS 4100 CLINTON DR CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLURTON, J H NAME NAME STREET ADDRESS 4100 CLINTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77020 CEOP** Change ☐ Addition ☐ Delete TITLE STANLEY, ALBERT-J-NAME NAME STREET ADDRESS STREET ADDRESS 601 JEFFERSON AVE CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** ☐ Change ☐ Addition VD ☐ Delete TITLE MORRIS, G. V. NAME NAME STREET ADDRESS STREET ADDRESS 4100 CLINTON CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FINNEN, M W NAME STREET ADDRESS 4100 CLINTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77020** ☐ Change ☐ Addition ☐ Delete TITLE

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 trustel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS