

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P32580** (3)

1. Corporation Name
BROWN & ROOT SERVICES CORPORATION

Principal Place of Business ATTN: TAX DEPARTMENT BOX 3 ATTN TAX DEPT HOUSTON TX 77001	Mailing Address ATTN: TAX DEPARTMENT BOX 3 ATTN TAX DEPT HOUSTON TX 77001-0003
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1991	3a. Date of Last Report 04/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 76-0203829		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE D. J. LESAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNIGHT, T. E		1.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		1.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		1.4 CITY- ST- ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE R. R. HARL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, T. I		2.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		2.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		2.4 CITY- ST- ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE J. H. BLURTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, R. T.		3.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		3.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		3.4 CITY- ST- ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINNEN, M.W.		4.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		4.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		4.4 CITY- ST- ZIP	
TITLE AT	<input type="checkbox"/> DELETE	5.1 TITLE L. J. LAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKWOOD, T.W.		5.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		5.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		5.4 CITY- ST- ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, LOUIS		6.2 NAME	
STREET ADDRESS 4100 CLINTON DR.		6.3 STREET ADDRESS	
CITY- ST- ZIP HOUSTON TX		6.4 CITY- ST- ZIP	

14. I do 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 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 secretary or trustee empowered to execute 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. J. Land, Assist. Treasurer

4/3/97

Date

713/676-3669

Daytime Phone #

CR2E034 (9/96)