

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:26**

DOCUMENT # P32787

(4)

1. Corporation Name

BROWN & ROOT INDUSTRIAL SERVICES, INC.

Principal Place of Business

**4100 CLINTON DR.
% TAX DEPT.
HOUSTON TX 77002
US**

Mailing Address

**P.O. BOX 3
%TAX DEPT.
HOUSTON TX 77001-0003
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/08/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

76-0263632

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARL, R R
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	ARBOUR, P W
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	LIPPMAN, G.E.
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX
TITLE	AS
NAME	FINNEN, M W
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX
TITLE	AT
NAME	LOCKWOOD, T W
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	ZERR, E.M.
STREET ADDRESS	4100 CLINTON DR.
CITY-ST-ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☒ Addition
3.2 NAME	V
3.3 STREET ADDRESS	Stevens, J. M. Jr.
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. W. Lockwood, Asst. Treasurer

3/30/95

713/676-8464

(Date)

(Daytime Phone #)