FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P32787** **(4)**

1. Corporation Name

BROWN & ROOT INDUSTRIAL SERVICES, INC.

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: **02/08/1991**
3a. Date of Last Report: **04/11/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ XX Yes ☐ 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
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HARL, R R	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	☐ DELETE
NAME	ARBOUR, P W	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	☐ DELETE
NAME	STEVENS, J. M JR.	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	☐ DELETE
NAME	FINNEN, M W	
STREET ADDRESS	4100 CLINTON DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AT	☐ DELETE
NAME	LOCKWOOD, T W	
STREET ADDRESS	4100 CLINTOIN DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	☐ DELETE
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		
3-3 STREET ADDRESS		
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	Director	☒ Change ☐ Addition
6-2 NAME	Knight, T. E.	
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 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] 3/20/96 713/676-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

T. W. Lockwood, Assist. Treasurer