

|   |  |       |            |        |        |
|---|--|-------|------------|--------|--------|
| 1.) CORPORATION NAME:<br><b>Fluor Facility &amp; Plant Services, Inc.</b>   | DUE DATE: <b>6/30/2012</b>   |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>         Bank of America Center, 16th Floor<br/>         1111 East Main Street</b> | SCC ID NO: <b>F0482747</b>   |       |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b>   | 5.) STOCK INFORMATION <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000 |
| CLASS   | AUTHORIZED   |       |            |        |        |
| COMMON  | 10,000   |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>SC</b>   |  |       |            |        |        |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6700 LAS COLINAS BLVD

CITY/ST/ZIP: IRVING, TX 75039

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| NAME: GARRY W FLOWERS<br>TITLE: PRESIDENT<br>ADDRESS: 6700 LAS COLINAS BLVD<br>CITY/ST/ZIP/CO: IRVING, TX 75039 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|---|---|-----------------------------------|--|

|  |   |  |  |
|--|---|--|--|
| NAME: C M HERNANDEZ<br>TITLE: SECRETARY<br>ADDRESS: 6700 LAS COLINS BLVD<br>CITY/ST/ZIP/CO: IRVING, TX 75039 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|---|--|--|

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| NAME: J M LUCAS<br>TITLE: ASST TREASURER<br>ADDRESS: 6700 LAS COLINAS BLVD<br>CITY/ST/ZIP/CO: IRVING, TX 75039 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|--|---|-----------------------------------|--|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ C M HERNANDEZ                                   | C M HERNANDEZ, SECRETARY         | 6/27/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.