



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 90998		2. Name of Corporation Foster Wheeler Energy Services, Inc.			
3. Street Address Principal Business Office Perryville Corporate Park		City Clinton	State NJ	Zip 08809-4000	
4. Business Phone No. 908-730-4000		5. State of Incorporation California			
6. Brief Description of the Character of Business Conducted in Rhode Island Repair Services of Boilers for Cogeneration Power Plants.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary T. Nedelka		Vice President Name Rakesh K. Jindal			
Street Address Perryville Corporate Park		Street Address Perryville Corporate Park			
City Clinton	State NJ	Zip 08809-4000	City Clinton	State NJ	Zip 08809-4000
Secretary Name Peter J. Ganz		Treasurer Name Kevin C. Hagan			
Street Address Perryville Corporate Park		Street Address Perryville Corporate Park			
City Clinton	State NJ	Zip 08809-4000	City Clinton	State NJ	Zip 08809-4000
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary T. Nedelka		Director Name Anthony Scerbo			
Street Address Perryville Corporate Park		Street Address Perryville Corporate Park			
City Clinton	State NJ	Zip 08809-4000	City Clinton	State NJ	Zip 08809-4000
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value			
1000	No Par Value				
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value			
100	Common	NPV			
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	FEB 27 2008
Check No.	530455
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rakesh K. Jindal 2/28/08
Signature Date
Rakesh K. Jindal
Print or Type Name
Vice President of Tax
Title

