

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004794 (4)
 1. Corporation Name
THERMO REMEDIATION INC.



Principal Place of Business 1984 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703	Mailing Address C/O TAX DEPT. 81 WYMAN STREET WALTHAM MA 02254
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1993	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 59-3203761	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

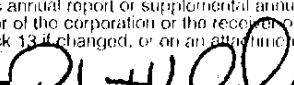
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JEFFREY L		1.2 NAME		
STREET ADDRESS	1984 S. ORANGE BLOSSOM TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATSOPOULOS, JOHN N		2.2 NAME		
STREET ADDRESS	81 WYMAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, SANDRA L		3.2 NAME		
STREET ADDRESS	81 WYMAN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAINTER, JONATHAN W		4.2 NAME	Melissa F. Riordan	
STREET ADDRESS	81 WYMAN STREET		4.3 STREET ADDRESS	81 Wyman Street	
CITY-ST-ZIP	WALTHAM MA		4.4 CITY-ST-ZIP	Waltham, MA 02254	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUNT, BRUCE J		5.2 NAME	Paul F. Kelleher	
STREET ADDRESS	12088 MARKET STREET		5.3 STREET ADDRESS	81 Wyman Street	
CITY-ST-ZIP	LIVONIA MI		5.4 CITY-ST-ZIP	Waltham, MA 02254	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUSARARIAN, JAMES		6.2 NAME		
STREET ADDRESS	81 WYMAN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		6.4 CITY-ST-ZIP		

14. I 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 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  **Robert V. Aghababian** 4-24-98 (701) 696-1000

CFR2E034 (10/97)