

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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F93000005902 (2)**  
 1. Corporation Name  
**FOSTER WHEELER ENVIRONMENTAL CORPORATION**



Principal Place of Business <b>1290 WALL STREET WEST LYNDHURST NJ 07071-0661</b>	Mailing Address <b>1290 WALL STREET WEST LYNDHURST NJ 07071-0661</b>
---	---

3. Date Incorporated or Qualified  
**12/28/1993**

2. Principal Place of Business 21 <b>8 Peachtree Hill Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>LIVINGSTON NJ</b> Zip 24 <b>07039</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>8 Peachtree Hill Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>LIVINGSTON NJ</b> Zip 29 <b>07039</b> Country 30 <b>USA</b>
--	---

4. FEI Number <b>75-2512450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOX, SAM W</b>	1.1 NAME	
STREET ADDRESS	<b>8 PEACHTREE HILL RD</b>	1.2 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVINGSTON NJ</b>	1.3 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, DONALD W</b>	2.2 NAME	
STREET ADDRESS	<b>8 PEACHTREE HILL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVINGSTON NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TVD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELMASTRO, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>8 PEACHTREE HILL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVINGSTON NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEONES, JACK</b>	4.2 NAME	
STREET ADDRESS	<b>1290 WALL STREET WEST</b>	4.3 STREET ADDRESS	<b>Lisa Fries Gardner</b>
CITY-ST-ZIP	<b>LYNDHURST NJ 07071</b>	4.4 CITY-ST-ZIP	<b>Perryville Corporate Park</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MARTIN</b>	5.2 NAME	
STREET ADDRESS	<b>8 PEACHTREE HILL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVINGSTON NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**Lisa Fries Gardner**  
**Perryville Corporate Park**  
**Clinton, NJ 08809-4000**

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: **Thomas Del Mastro** 3/25/98 973-597-7580

CR2E034 (10/97)