

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:00

DOCUMENT # **F94000003118 (6)**

1. Corporation Name

INFILCO DEGREMONT, INC.

Principal Place of Business

2924 EMERYWOOD PARKWAY
PO BOX 71390
RICHMOND VA 23255-1390

Mailing Address

2924 EMERYWOOD PARKWAY
PO BOX 71390
RICHMOND VA 23255-1390

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1994** 3a. Date of Last Report

4. FEI Number **22-2023093** 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 Yes No

2. Principal Place of Business

21 State, Apt #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 State, Apt #, etc

27 City & State

29 Zip

30 Country

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 **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

Signature of the registered agent or registered agent for the change agent

Date of the Registered Agent Separation Request after recording

Date

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	KANOW, PETER E
STREET ADDRESS	2924 EMERYWOOD PARKWAY
CITY, ST, ZIP	RICHMOND VA 23294
TITLE	VDST
NAME	SITES, HOWARD F
STREET ADDRESS	2924 EMERYWOOD PARKWAY
CITY, ST, ZIP	RICHMOND VA 23294
TITLE	D
NAME	SKORZEWSKI, OLAF
STREET ADDRESS	160-D, BOULEVARD ST. JOSEPH, LACHINE
CITY, ST, ZIP	QUEBEC, CANADA H0S 2L3
TITLE	D
NAME	DE PREAUMONT, THIERRY F
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940
CITY, ST, ZIP	92508 RUEIL-MALMAISON FRANCE
TITLE	D
NAME	CASSOU, MICHEL
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940
CITY, ST, ZIP	92508 RUEIL-MALMAISON FRANCE
TITLE	D
NAME	KREISS, OLIVER
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940
CITY, ST, ZIP	92508 RUEIL-MALMAISON FRANCE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOYNE, YVES M.	
1.3 STREET ADDRESS	2924 EMERYWOOD PKWY	
1.4 CITY, ST, ZIP	RICHMOND, VA 23294	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VERNET, MICHEL	
5.3 STREET ADDRESS	BAHIA DE SANTA BARBARA No 157	
5.4 CITY, ST, ZIP	COL VERONICA ANZURES C.P. 11300 MEXICO	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 in an attachment with an address.

SIGNATURE:

Howard F. Sites
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95
Date

(804) 756-7659
Telephone No.