


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90102 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003118

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/15/1994	4. FEI Number 22-2023093	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	-\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <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 FL 85 Zip Code
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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 PC	MOYNE, YVES M. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT / CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	2924 EMERYWOOD PKWY.	1.2 NAME VERNON D. LUCY III	
STREET ADDRESS	RICHMOND VA 23294	1.3 STREET ADDRESS 2924 EMERYWOOD PARKWAY	
CITY-ST-ZIP		1.4 CITY-ST-ZIP RICHMOND	
TITLE	VDST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITES, HOWARD F	2.2 NAME	
STREET ADDRESS	2924 EMERYWOOD PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23294	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, HARVEY	3.2 NAME	
STREET ADDRESS	160-D, BOULEVARD ST. JOSEPH, LACHINE	3.3 STREET ADDRESS 20275 CLARK GRAHAM	
CITY-ST-ZIP	QUEBEC, CANADA H8S 2L3	3.4 CITY-ST-ZIP BAIE D'URFÉ QUEBEC H9X 3T5	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIONNIE, JOEL	4.2 NAME	
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940	4.3 STREET ADDRESS 550 KINDERKAMACK RD.	
CITY-ST-ZIP	RUEIL-MACMAISON FR	4.4 CITY-ST-ZIP ORADEL, NJ 07649	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEYRAND, JEAN-FRANCOIS	5.2 NAME	
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUEIL-MALMAISON FR	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISS, OLIVIER	6.2 NAME	
STREET ADDRESS	183 AVENUE DU 18 JUIN 1940	6.3 STREET ADDRESS	
CITY-ST-ZIP	92508 RUEIL-MALMAISON FRANCE	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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: 804-756-7657

CR2E034 (1/1/98)