

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P14196 (0)

1. Corporation Name
FOSTER WHEELER POWER SYSTEM, INC.



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| Principal Place of Business PERRYVILLE CORPORATE PK CLINTON NJ 08809-1000 | Mailing Address PERRYVILLE CORPORATE PK CLINTON NJ 08809 |
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|--|--|
| 3. Date Incorporated or Qualified 04/27/1987 <i>ok</i> | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 22-2271893 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. City & State 22 City & State 23 Zip 08807-4000 25 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. City & State 27 City & State 28 Zip 08807-4000 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KARPENSKI, M.J. | 1.2 NAME | |
| STREET ADDRESS | PERRYVILLE CORPORATE PARK | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLINTON NJ | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, D.J. | 2.2 NAME | |
| STREET ADDRESS | PERRYVILLE CORPORATE PARK | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLINTON NJ | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEDNES, J.E. | 3.2 NAME | Fries Gardner, Lisa |
| STREET ADDRESS | PERRYVILLE CORPORATE PARK | 3.3 STREET ADDRESS | Perryville Corporate Park |
| CITY - ST - ZIP | CLINTON NJ | 3.4 CITY - ST - ZIP | CLINTON, NJ 08807-4000 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOECKERT, ROBERT A. | 4.2 NAME | |
| STREET ADDRESS | PERRYVILLE CORPORATE PK | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLINTON NJ | 4.4 CITY - ST - ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKENNA, J.J. | 5.2 NAME | |
| STREET ADDRESS | PERRYVILLE CORPORATE PK | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLINTON NJ | 5.4 CITY - ST - ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOYLE, JOHN A JR. | 6.2 NAME | |
| STREET ADDRESS | PERRYVILLE CORPORATE PARK | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLINTON NJ | 6.4 CITY - ST - ZIP | |

14. I do 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/3/97** **908-713-2045**
Date Daytime Phone

CR2E034 (9/96)