


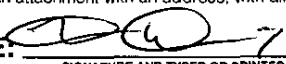
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90010 040 ***150.00

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DOCUMENT # P29310			
1. Entity Name DURATEK FIELD SERVICES, INC.			
Principal Place of Business 10100 OLD COLUMBIA RD COLUMBIA, MD 21046 US		Mailing Address 10100 OLD COLUMBIA RD COLUMBIA, MD 21046 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01062004 Chg-P CR2E034 (10/03)	
		4. FEI Number 52-1355200	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ROBERT E.	NAME	
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DIANE R	NAME	
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELTEE, PAUL C	NAME	
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVSKI, DIANE L.	NAME	
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, CRAIG T	NAME	
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWVER, ROBERT F	NAME	EVP
STREET ADDRESS	10100 OLD COLUMBIA RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Richard Martin, Vice President + General Counsel	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/6/04 410) 312-5100 Daytime Phone #	