


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P29310**  
 1. Entity Name  
**DURATEK FIELD SERVICES, INC.**



Principal Place of Business      Mailing Address  
 10100 OLD COLUMBIA RD      10100 OLD COLUMBIA RD  
 COLUMBIA MD 21046      COLUMBIA MD 21046  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

4. FEI Number      Applied For  
**52-1355200**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRINCE, ROBERT E.	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, DIANE R	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELTETE, PAUL C	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVISKI, DIANE L	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTLETT, CRAIG T	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SHAWVER, ROBERT F	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	UNNONP226730	
CITY-ST-ZIP	02/12/05-80027-023 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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, Jr.; VP & General Counsel** 2/12/05 410.312.511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #