


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90216 010 ***150.00

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.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1355200**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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	V	<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	
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	
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)(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 I am empowered.

SIGNATURE: *Craig T. Bartlett* **SIGNATURE REQUIRED** Craig T. Bartlett 2/3/03 410-312-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)