

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 4:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P32860 (9)

1. Corporation Name
NUCLEAR SERVICE ORGANIZATION, INC.

Principal Place of Business Mailing Address
1201 MARKET STREET, SUITE 1200 WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 02/17/1994
4. FEI Number 36-3166108	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, Florida Statutes, the above-named corporation submits the 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 _____ (Signature of Registered Agent required with filing) _____ (Signature of Secretary required with filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI	1.2 NAME	
STREET ADDRESS	1201 MARKET ST., #1200	1.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, QUENTIN S.	2.2 NAME	
STREET ADDRESS	1201 MARKET ST., #1200	2.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELSY, HARLAN M.	3.2 NAME	
STREET ADDRESS	1201 MARKET ST., #1200	3.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID H	4.2 NAME	
STREET ADDRESS	1201 MARKET ST., #1200	4.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	4.4 CITY, ST, ZIP	
TITLE	TV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JEFFERY G.	5.2 NAME	
STREET ADDRESS	1201 MARKET ST., #1200	5.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, HAZEL	6.2 NAME	
STREET ADDRESS	1201 MARKET ST. STE 1200	6.3 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE 19801	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hazel Garner 4/3/95 302-888-9000
 HAZEL GARNER SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR