

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32860 (9)**

1. Corporation Name  
**NUCLEAR SERVICE ORGANIZATION, INC.**

Principal Place of Business <b>1201 MARKET STREET, SUITE 1200                  WILMINGTON, DE 19801</b>	Mailing Address <b>1201 MARKET STREET, SUITE 1200                  WILMINGTON, DE 19801</b>
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3. Date Incorporated or Qualified <b>02/19/1991</b>	3a. Date of Last Report <b>4/12/96</b>
4. FEI Number <b>36-3166108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. 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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>WILKS, GREGORY G.</b>	
STREET ADDRESS <b>1201 MARKET ST., SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME <b>GARNER, HAZEL</b>	
STREET ADDRESS <b>1201 MARKET STREET, SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME <b>PALMER, JEFFERY G.</b>	
STREET ADDRESS <b>1201 MARKET ST., SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	
TITLE <b>DIRECTOR, CHAIRMAN</b>	<input type="checkbox"/> DELETE
NAME <b>JACKSON, QUENTIN S.</b>	
STREET ADDRESS <b>1201 MARKET ST., SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME <b>GRAHAM, JOHN G.</b>	
STREET ADDRESS <b>1201 MARKET ST., SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME <b>GRIFFITH, STEVE, C.</b>	
STREET ADDRESS <b>1201 MARKET ST., SUITE 1200</b>	
CITY, STATE, ZIP <b>WILMINGTON, DE 19801</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**200002187852**  
**-05/22/97--01031--029**  
**\*\*\*165.00**

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 included 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: Hazel Garner **HAZEL GARNER, SECRETARY**

**MAY 2, 1997** **302-888-3000**  
 Date Daytime Phone #

CR2E034 (9/96)