

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32860
 1. Corporation Name
Nuclear Service Organization, Inc.

Principal Place of Business Mailing Address
1201 Market Street, Suite 1200 Same
Wilmington, DE 19801

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 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 12/18/81	3a. Date of Last Report 5/2/97
4. FEI Number 36-3166108	Applied For 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	

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 607.0502 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 _____ DATE _____
 - Company Secretary
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Gregory G. Wilks	
STREET ADDRESS	1201 Market Street, Suite 1200	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Hazel Garner	
STREET ADDRESS	1201 Market Street, Suite 1200	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	R. Thomas Savage	
STREET ADDRESS	1201 Market Street, Suite 1200	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE	Director/Chairman	<input type="checkbox"/> DELETE
NAME	Quentin S. Jackson	
STREET ADDRESS	1201 Market Street, Suite 1200	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	John G. Graham	
STREET ADDRESS	100 Interpace Parkway	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	H. Jarrell Gibbs	
STREET ADDRESS	1601 Bryan Street, 41st Floor	
CITY-ST-ZIP	Dallas, TX 75201-3411	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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	

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*****150.00**

14. I, the undersigned, 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 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 Date: 3/23/98 Daytime Phone #: (302) 573-2272

FORM 1000 (1-97)