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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90161 017 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32860

1. Corporation Name
NUCLEAR SERVICE ORGANIZATION, INC.



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

Mailing Address
**1201 MARKET STREET, SUITE 1200
 WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
02/19/1991

4. FEI Number
36-3166108

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

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

8. This corporation owes the current year intangible Personal Property Tax. Yes 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 **FL** 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 _____ (NOTICE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILKS, GREGORY G	
STREET ADDRESS	1201 MARKET STREET, SUITE 1200	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARNER, HAZEL	
STREET ADDRESS	1201 MARKET STREET, SUITE 1200	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAVAGE, R. THOMAS	
STREET ADDRESS	1201 MARKET STREET, SUITE 1200	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	JACKSON, QUENTIN S	
STREET ADDRESS	1201 MARKET STREET, SUITE 1200	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHMA, JOHN G	
STREET ADDRESS	100 INTERPACE PARKWAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, H. JARRELL	
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	James A. Smith
3.3 STREET ADDRESS	1201 Market Street, Suite 1200
3.4 CITY-ST-ZIP	Wilmington, DE 19701
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	

14. 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 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, with all other like empowered.

SIGNATURE: *Gregory Wilks* **GREGORY WILKS** 4/14/99 302-888-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)