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

PROFIT

SIGNATURE:

Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9) CONAM INSPECTION, INC. Principal Place of Business Mailing Address **401 MERRITT 7. BOX 5023** 401 MERRITT 7, BOX 5023 NORWALK CT 06856-5023 NORWALK CT 06856-5023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1991 2. Principal Place of Business 20. Mailing Address Applied For 18419 Euclid Annue 06-1226185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Cleveland Itasca Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible U.S.A. 29 44/12-1016 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registored Agent signature requir DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE BATTEY, K.A. NAME 1.2 NAME CR2EG34 11 DINGWALL ROAD STREET ADDRESS 1.3 STREET ADDRESS CROYDON, ENGLAND 1.4 CI1Y - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE Change O'ROURKE, J.K. NAME 2.2 NAME Michael B. Creech 337 TERRACE STREET ADDRESS 2.3 STREET ADDRESS BARTLETT IL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE + Assistment Sec. Athange PTS TITLE 3.1 Tett F AGLIARDO, A E 3 2 NAME NAME 401 MAERRITT 7 STREET ADDRESS 3.3 STREET ADDRESS Norwalk. **NORWALK CT** CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE Chance Addition TITLE 4.1 TITLE HARDY, S.L. NAME 4. 2 NAME **43 GREEN PASTURE ROAD** 4.3 STREET ADDRESS STREET ADDRESS BETHEL CT 4 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 14. Thereby cortify that the information supplied with this filing does not quality 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 immual 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 attached with an address.

10 Feb. 98

FILED