

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000279 (8)

1. Corporation Name
ALBRIGHT & WILSON AMERICAS, INC.



Principal Place of Business
4851 LAKE BROOK DR.
GLEN ALLEN VA 23060

Mailing Address
PO BOX 4439
GLEN ALLEN VA 23060-4439
US

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	TREINEN, TIMOTHY J	
STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROCHELEAU, PAUL F	
STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TULLY, KEVIN P	
STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, ROBERT G	
STREET ADDRESS	1010 MILAM STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, KARL A	
STREET ADDRESS	1010 MILAM STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRIERS, E J	
STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4851 LAKE BROOK DRIVE
1.4 CITY-ST-ZIP	GLEN ALLEN, VA 23060
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4851 LAKE BROOK DRIVE
2.4 CITY-ST-ZIP	GLEN ALLEN, VA 23060
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4851 LAKE BROOK DRIVE
3.4 CITY-ST-ZIP	GLEN ALLEN, VA 23060
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VAS
4.3 STREET ADDRESS	E. J. MATHERNE
4.4 CITY-ST-ZIP	4851 LAKE BROOK DRIVE
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	LINDA S. ROTZ
5.4 CITY-ST-ZIP	4851 LAKE BROOK DRIVE
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VAS
6.3 STREET ADDRESS	H. GARY JENNINGS
6.4 CITY-ST-ZIP	4851 LAKE BROOK DRIVE

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 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: X *Linda S. Rotz* Linda S. Rotz 2/17/97 (804) 968-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)