FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741903 (9)

1. Corporation Name

THE NATIONAL BOARD OF REGISTRATION FOR NUCLEAR C OATING ENGINEERS AND SPECIALISTS, INC.

Principal Place of Business	Mailing Address
% D.M. BERGER P.O. BOX 56 LEOLA PA 17540	7695 WEXFORD WAY FORT PIERCE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1978
3a. Date of Last Report: 01/28/1994
4. FEI Number: 94-2836974 ☐ Applied Fo ☐ Not Applic
5. Certificate of Status Desired ☐ $8.75 Addition. Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemer Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OECHSLE, S J .
7695 WEXFORD WAY
FORT PIERCE FL 34986

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 S.J. Oechsle DATE 27 Feb 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, D.M.	1.2 NAME	
STREET ADDRESS	46 MEADOWVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEOLA PA	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROEBUCK, A.H.	2.2 NAME	
STREET ADDRESS	1940 OVERLOOK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TATOR, K B	3.2 NAME	
STREET ADDRESS	115 TECHNOLOGY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MASCIALE, M.J.	4.2 NAME	
STREET ADDRESS	21 DONSEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCORCH PLANES NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	OECHSLE, S.J.	5.2 NAME	
STREET ADDRESS	7695 WEXFORD WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34986	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	Wm. Hurst	6.2 NAME	
STREET ADDRESS	3336 E. Las Rocas Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, AZ 85028	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.J. Oechsle 27 Feb 95 407-337-3080
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

002078