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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741903** (9)

1. Corporation Name

**THE NATIONAL BOARD OF REGISTRATION FOR NUCLEAR COATING 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



3. Date Incorporated or Qualified

**03/07/1978**

4. FEI Number

**94-2836974**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OECHSLE, S J  
7695 WEXFORD WAY  
FORT PIERCE FL 34986

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*S.J. Oechsle*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**27 JAN 98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
**BERGER, D.M.**  
STREET ADDRESS **46 MEADOWVIEW DR**  
CITY-ST-ZIP **LEOLA PA**

TITLE ☐ DELETE

NAME **CD**  
**ROEBUCK, A.H.**  
STREET ADDRESS **1940 OVERLOOK RD.**  
CITY-ST-ZIP **FULLERTON CA**

TITLE ☐ DELETE

NAME **D**  
**TATOR, K B**  
STREET ADDRESS **115 TECHNOLOGY DR.**  
CITY-ST-ZIP **PITTSBURGH PA**

TITLE ☐ DELETE

NAME **D**  
**MASCIALE, M.J.**  
STREET ADDRESS **21 DONSEN LANE**  
CITY-ST-ZIP **SCORCH PLANES NJ**

TITLE ☐ DELETE

NAME **D**  
**OECHSLE, S.J.**  
STREET ADDRESS **7695 WEXFORD WAY**  
CITY-ST-ZIP **FORT PIERCE FL 34986**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dean M. Berger*

**WIDE REQUIRED**

**Jan 21 1998**

**7176566296**

CR2E037 (10/97)