

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90095 015 ****61.25

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DOCUMENT # 741903

1. Corporation Name

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

Principal Place of Business

% D.M. BERGER
P.O. BOX 56
LEOLA PA 17540

Mailing Address

7695 WEXFORD WAY
FORT PIERCE FL 34986



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/07/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

94-2836974

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *S. J. OECHSLE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Feb 99 *561-337-3080*

Date

Daytime Phone #

CR2E037 (1198)