FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -6 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 809091 (2)

1. Corporation Name
DRAVO CORPORATION

Principal Place of Business	Mailing Address
ONE OLIVER PLAZA ATTN: TAX DEPT. PITTSBURGH PA 15222	ONE OLIVER PLAZA ATTN: TAX DEPT. PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1952
3a. Date of Last Report: 05/01/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 25-0447860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 (Typed or printed name of registered agent and title if applicable) (FOR Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	11 TITLE	☐ Change ☐ Addition
NAME	LADD, ERNEST F.	12 NAME	
STREET ADDRESS	ONE OLIVER PLAZA	13 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA 00000	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MAJOR, JOHN R.	22 NAME	
STREET ADDRESS	ONE OLIVER PLAZA	23 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA 00000	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	TORBERT, CARL A.	32 NAME	
STREET ADDRESS	705 DEVONSHIRE ST	33 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA 00000	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	PUHALA, JAMES J.	42 NAME	
STREET ADDRESS	ONE OLIVER PLAZA	43 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA 00000	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	KNIZNER, RICHARD M	52 NAME	
STREET ADDRESS	P.O. BOX 2068 N/A	53 STREET ADDRESS	
CITY ST ZIP	MOBILE AL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROTH, WILLIAM G.	62 NAME	
STREET ADDRESS	ONE OLIVER PLAZA	63 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA 00000	64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing 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 above, if applicable, or on an attachment with an address.

SIGNATURE: [signature] 3/1/95 334-458-3559
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Telephone Number)

0474401 FP