

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **809091** (2)
1. Corporation Name
DRAVO CORPORATION

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

Mailing Address
**ONE OLIVER PLAZA
ATTN: TAX DEPT.
PITTSBURGH PA 15222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 // STANWIX ST. Suite, Apt. #, etc. 22 ATTN: TAX DEPT. City & State 23 PITTSBURGH, PA Zip 24 15222		2a. Mailing Address 26 // STANWIX ST. Suite, Apt. #, etc. 27 ATTN: TAX DEPT. City & State 28 PITTSBURGH, PA Zip 29 15222		3. Date Incorporated or Qualified 10/18/1952	
		4. FEI Number 25-0447860		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 type for the purpose of this filing is not applicable.

(*) (11) - Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LADD, ERNEST F.			1.2 NAME	RICHARD E. REDLINGER		
STREET ADDRESS	ONE OLIVER PLAZA			1.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH, PA 00000			1.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJOR, JOHN R.			2.2 NAME			
STREET ADDRESS	ONE OLIVER PLAZA			2.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH, PA 00000			2.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, CARL A.			3.2 NAME			
STREET ADDRESS	3800 ONE OLIVER PLAZA			3.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH, PA 00000			3.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUHALA, JAMES J.			4.2 NAME	EARL BELLASARIO		
STREET ADDRESS	ONE OLIVER PLAZA			4.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH, PA 00000			4.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIZNER, RICHARD M			5.2 NAME			
STREET ADDRESS	3800 ONE OLIVER PLAZA			5.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH PA			5.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTH, WILLIAM G.			6.2 NAME			
STREET ADDRESS	ONE OLIVER PLAZA			6.3 STREET ADDRESS	// STANWIX ST.		
CITY - ST - ZIP	PITTSBURGH, PA 00000			6.4 CITY - ST - ZIP	PITTSBURGH, PA 15222		

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

SIGNATURE: *Richard M. Knizner* ASSISTANT SECRETARY

2-25-98 (412) 995-5522

CR2E034 (10/97)