

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90045 049 ***150.00

DOCUMENT # 809091

1. Corporation Name

DRAVO CORPORATION

Principal Place of Business

11 STANWIX ST.
ATTN: TAX DEPT.
PITTSBURGH PA 15222

Mailing Address

11 STANWIX ST.
ATTN: TAX DEPT.
PITTSBURGH PA 15222

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1952

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	REDLINGER, RICHARD E	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAJOR, JOHN R.	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILBERT, CARL A.	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BELLASARIO, EARL	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KNIZNER, RICHARD M	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTH, WILLIAM G.	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: *Richard M. Knizner* *Asst Secy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99
Date

412 985 5544
Daytime Phone #

CR2E034 (11/98)

000779K