

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 819600 (8)

1. Corporation Name

EG&G WASHINGTON ANALYTICAL SERVICES CENTER, INC.



Principal Place of Business

1396 PICCARD DRIVE  
ROCKVILLE MD 20850

Mailing Address

1396 PICCARD DRIVE  
ROCKVILLE MD 20850

3. Date Incorporated or Qualified  
05/27/1966

3a. Date of Last Report  
02/03/1995

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROADBENT, PETER A.	
STREET ADDRESS	45 WILLIAMS ST	
CITY - ST - ZIP	WELLESLEY, MA 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DONAHUE, JOHN S.	
STREET ADDRESS	45 WILLIAMS ST	
CITY - ST - ZIP	WELLESLEY, MA 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEL RIEGO, ROBERT	
STREET ADDRESS	1396 PICCARD DR	
CITY - ST - ZIP	ROCKVILLE MD	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MICHEL, DON	
STREET ADDRESS	1396 PICCARD DR.	
CITY - ST - ZIP	ROCKVILLE MD	
TITLE	JAR Heaney	<input type="checkbox"/> DELETE
NAME	45 William Street	
STREET ADDRESS	Wellesley, MA	
CITY - ST - ZIP	Acting President	
NAME	C.M. Williams	<input type="checkbox"/> DELETE
STREET ADDRESS	1396 Piccard Drive	
CITY - ST - ZIP	Rockville, md 20850	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/96

301-840-3000

CR2E034 (12/95)