

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

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 20850-4323
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2. Principal Place of Business 21 900 Clopper Rd Suite, Apt. #, etc 22 Suite 200 City & State 23 Gaithersburg, md Zip 24 20878	2a. Mailing Address 26 900 Clopper Rd Suite, Apt. #, etc. 27 Suite 200 City & State 28 Gaithersburg, md Zip 29 20878 Country 30 Montgomery	3. Date Incorporated or Qualified 05/27/1966	3a. Date of Last Report 03/15/1996
		4. FEI Number 52-0747749	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO HEANEY, DAN	1.2 NAME	
STREET ADDRESS	45 WILLIAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD DONAHUE, JOHN S.	2.2 NAME	
STREET ADDRESS	45 WILLIAMS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 0	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DEL RIEGO, ROBERT	3.2 NAME	
STREET ADDRESS	1396 PICCARD DR	3.3 STREET ADDRESS	900 Clopper Road St 200
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	Gaithersburg, md 20878
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P WILLIAMS, C M	4.2 NAME	President
STREET ADDRESS	1396 PICCARD DRIVE	4.3 STREET ADDRESS	Randal Watring
CITY-ST-ZIP	ROCKVILLE MD 20850	4.4 CITY-ST-ZIP	900 Clopper Road St 200
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Robert Del Riego **ROBERTO DEL RIEGO** Date 1/26/97

CFR2E034 (9/96)