

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **848323** (2)

1. Corporation Name
ROY F. WESTON, INC.



Principal Place of Business: **1 WESTON WAY ATTN: TREASURE OFFICE WEST CHESTER PA 19380**
Mailing Address: **1 WESTON WAY ATTN: TREASURE OFFICE WEST CHESTER PA 19380**

3. Date Incorporated or Qualified: **02/23/1981** 3a. Date of Last Report: **02/13/1995**
4. FEI Number: **23-1501990** Applied For: Not Applicable
5. Certificate of Status Desired: **XX** \$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 **XX** No

2. Principal Place of Business: **1 Weston Way** 2a. Mailing Address: **1 Weston Way**
21. Suite, Apt. #, etc.: **attn: Corp. Tax Office** 27. Suite, Apt. #, etc.: **attn: Corp. Tax Office**
23. City & State: **West Chester, PA** 28. City & State: **West Chester, PA**
24. Zip: **19380-1499** 25. Country: **USA** 29. Zip: **19380-1499** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD THOMPSON, A. FREDERICK <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, A. FREDERICK	1.2 NAME	Roy F. Weston, P.E.
STREET ADDRESS	WESTON WAY	1.3 STREET ADDRESS	1 Weston Way
CITY-ST-ZIP	WEST CHESTER PA	1.4 CITY-ST-ZIP	West Chester, PA 19380-1499
TITLE	PD MARRAZZO, WILLIAM J. <input type="checkbox"/> DELETE	2.1 TITLE	V & O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRAZZO, WILLIAM J.	2.2 NAME	William G. Mecaughey
STREET ADDRESS	WESTON WAY	2.3 STREET ADDRESS	1 Weston Way
CITY-ST-ZIP	WEST CHESTER PA	2.4 CITY-ST-ZIP	West Chester, PA 19380-1499
TITLE	EDV MURPHY, CHRISTINE M. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, CHRISTINE M.	3.2 NAME	
STREET ADDRESS	WESTON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	3.4 CITY-ST-ZIP	
TITLE	EVP VORNDRAN, STEVEN C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORNDRAN, STEVEN C	4.2 NAME	
STREET ADDRESS	1 WESTON WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	4.4 CITY-ST-ZIP	
TITLE	ST ABRAMSON, STEVEN V. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, STEVEN V.	5.2 NAME	
STREET ADDRESS	WESTON WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	5.4 CITY-ST-ZIP	
TITLE	EVP MARKS, PETER J <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, PETER J	6.2 NAME	
STREET ADDRESS	1 WESTON WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. G. Mecaughey, VP & Corporate Controller

4/30/96 610-701-4657

CR2E034 (12/95)