2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002335

Entity Name: GCA NUCLEAR FACILITY SERVICES, INC.

FILED Feb 03, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 FOUR FALLS CORP CTR SUITE 650 WEST CONSHOHOCKEN, PA 19428				300 CONSHOHOCKEN STATE ROAD SUITE 650 WEST CONSHOHOCKEN, PA 19428			
Current Mailing Address:				New Mailing Address:			
100 FOUR FALLS CORP CTR SUITE 650 WEST CONSHOHOCKEN, PA 19428				300 CONSHOHOCKEN STATE ROAD SUITE 650 WEST CONSHOHOCKEN, PA 19428			
FEI Number: 76-0421992 FEI Number Appl		FEI Number Applied For ()	FEI Number Not Applicable ()		icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered A	gent:
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE:							
		ic Signature of Registered Age	ent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FOWLER, RICH 3400-C WEST V	VENDOVER AVENUE		Title: Name: Address: City-St-Zip:	JACKSON, DW	WENDOVER AVENUE	
Title: Name: Address: City-St-Zip:	CROTHALL, GR 100 FOUR FALL	Delete AEME A .S CRP CTR 650 CKEN, PA 19428		Title: Name: Address: City-St-Zip:	CROTHALL, GF 300 CONSHOH) Change () Addition RAEME A OCKEN STATE ROAD CKEN, PA 19428)
Title: Name: Address: City-St-Zip:	WRIGHT, MICK 3400-C WEST V	VENDOVER AVENUE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	KESSLER, JOH 300 CONSHOH) Change ()Addition IN L OCKEN STATE ROAD CKEN, PA 19428	,
Title: Name: Address: City-St-Zip:	REEVES, LARR 100 FOUR FALL	Delete Y J LS CRP CTR 650 CKEN, PA 19428		Title: Name: Address: City-St-Zip:	VITALE, ROBEI 300 CONSHOH) Change ()Addition RT OCKEN STATE ROAD CKEN, PA 19428	,
Title: Name:	D ()	Delete AFMF A		Title: Name	D (X)	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN L. KESSLER S 02/03/2006

100 FOUR FALLS CRP CTR 650

W CONSHOHOCKEN, PA 19428

Address:

City-St-Zip:

300 CONSHOHOCKEN STATE ROAD

W CONSHOHOCKEN, PA 19428