2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002335

Entity Name: GCA NUCLEAR FACILITY SERVICES, INC.

FILED Oct 17, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
300 CONSHOHOCKEN STATE ROAD SUITE 650 WEST CONSHOHOCKEN, PA 19428			SUITE 150	1350 EUCLID AVENUE SUITE 1500 CLEVELAND, OH 44115		
Current Mailing Address:			New Maili	New Mailing Address:		
300 CONSHOHOCKEN STATE ROAD SUITE 650 WEST CONSHOHOCKEN, PA 19428			SUITE 150	1350 EUCLID AVENUE SUITE 1500 CLEVELAND, OH 44115		
FEI Number: 76-0421992 FEI Number Applied For () FEI Number Not A			lumber Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
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: NRAI SERVICES INC						
Electronic Signature of Registered Agent				Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	JACKSON, DWIG 3400-C WEST W GREENSBORO, VP () I CROTHALL, GRA 300 CONSHOHOO W CONSHOHOO W CONSHOHOO WP () I WRIGHT, MICKE 3400-C WEST W GREENSBORO, S (X) I KESSLER, JOHN 300 CONSHOHOO W CONSHOHOO	VENDOVER AVENUE NC 27407 Delete NEME A CKEN STATE ROAD KEN, PA 19428 Delete Y VENDOVER AVENUE NC 27407 Delete I L CKEN STATE ROAD KEN, PA 19428	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VITALE, ROBER' 300 CONSHOHO W CONSHOHOO D (X) I CROTHALL, GRA	CKEN STATE ROAD KEN, PA 19428 Delete AEME A CKEN STATE ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition ()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JAMES F. ALLEN A/S 10/17/2007