

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

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # F93000005902 (2)**  
1. Corporation Name

**FOSTER WHEELER ENVIRONMENTAL CORPORATION**



Principal Place of Business

Mailing Address

**1290 WALL STREET WEST  
LYNDHURST NJ 07071-0661**

**1290 WALL STREET WEST  
LYNDHURST NJ 07071-3603**

3. Date Incorporated or Qualified <b>12/28/1993</b>	3a. Date of Last Report <b>05/14/1996</b>
4. FEI Number <b>75-2512450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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 type (printed name of registered agent and fee if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BOX, SAM W	
STREET ADDRESS	1290 WALL STREET WEST	
CITY-ST-ZIP	LYNDHURST NJ 07071	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, DONALD W	
STREET ADDRESS	1290 WALL STREET WEST	
CITY-ST-ZIP	LYNDHURST NJ 07071	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	DELMASTRO, THOMAS	
STREET ADDRESS	1290 WALL STREET WEST	
CITY-ST-ZIP	LYNDHURST NJ 07071	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEONES, JACK	
STREET ADDRESS	1290 WALL STREET WEST	
CITY-ST-ZIP	LYNDHURST NJ 07071	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, MARTIN	
STREET ADDRESS	1290 WALL STREET WEST	
CITY-ST-ZIP	LYNDHURST NJ 07071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8 Peachtree Hill Rd.
1.4 CITY-ST-ZIP	LIVINGSTON, NJ 07039
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8 Peachtree Hill Rd.
2.4 CITY-ST-ZIP	LIVINGSTON, NJ 07039
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8 Peachtree Hill Rd.
3.4 CITY-ST-ZIP	LIVINGSTON, NJ 07039
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LISA FRIGS GARDNER
4.3 STREET ADDRESS	PERRYVILLE CORPORATE PARK
4.4 CITY-ST-ZIP	GLAATON, NJ 07039
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8 PEACHTREE HILL RD.
5.4 CITY-ST-ZIP	LIVINGSTON, NJ 07039
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 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: *Thomas DelMastro* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 Date 201-597-7580 Daytime Phone #

CR2E034 (9/96)