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Feb 04 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 # F95000001719 (2)

1. Corporation Name

ICF KAISER REMEDIATION COMPANY

Principal Place of Business

1800 HARRISON STREET  
OAKLAND CA 94612

Mailing Address

1800 HARRISON STREET  
OAKLAND CA 94612-3429



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 c/o Howland		26 c/o Howland		04/10/1995		03/05/1996	
22 Suite, Apt. #, etc. 9300 Lee Highway		27 Suite, Apt. #, etc. 9300 Lee Highway		4. FEI Number 54-1749595		Applied For Not Applicable	
23 City & State Fairfax VA		28 City & State Fairfax, VA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 22031		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
29 Zip 22031		30 Country USA		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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBELIUS, CHARLES A	1.2 NAME	
STREET ADDRESS	9300 LEE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASWELL, BRUCE H	2.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA 94612	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, PAUL II	3.2 NAME	
STREET ADDRESS	9300 LEE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, KENNETH	4.2 NAME	Treasurer
STREET ADDRESS	9300 LEE HIGHWAY	4.3 STREET ADDRESS	Richard K Nason
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP	9300 Lee Highway Fairfax, VA 22031
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONITZ, RICHARD E	5.2 NAME	
STREET ADDRESS	1800 HARRISON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA 94612	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWLAND, CATHERINE N	6.2 NAME	AS
STREET ADDRESS	1800 HARRISON STREET	6.3 STREET ADDRESS	Howland, Catherine N.
CITY-ST-ZIP	OAKLAND CA 94612	6.4 CITY-ST-ZIP	9300 Lee Highway Fairfax, VA 22031

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: Catherine N. Howland CATHERINE N. HOWLAND

Date

1/22/97

Daytime Phone #

934-3112

CR2E034 (9/96)