

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 # **F95000004016 (0)**

1. Corporation Name

WESTINGHOUSE OPERATING SERVICES COMPANY



Principal Place of Business

Mailing Address

4400 ALAFAYA TRAIL
ORLANDO FL 32826

4400 ALAFAYA TRAIL
ORLANDO FL 32826

3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	D	<input type="checkbox"/> DELETE
NAME	FRIDAY, M D	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOCH, E P	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MOORE, R J	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TABBUTT, J J	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACHY, D M	
STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, P W	
STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	PITTSBURGH PA 15222	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

D. M. Bachy

D. M. Bachy, Secretary

02/06/96

412-642-5260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)