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 # **M26627** **(3)**

1. Corporation Name
OGDEN REMEDIATION SERVICES CO., INC.

Principal Place of Business
3211 JERMANTOWN RD.
FAIRFAX VA 22030
US

Mailing Address
5510 MOREHOUSE DRIVE
ATTN: S. MALUBAY
SAN DIEGO CA 92121

3. Date Incorporated or Qualified: 01/29/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2661991 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYES STREET
SUITE 105
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 the person signing and the 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 ~~DT~~	☐ DELETE	1.1 TITLE *Treasurer*	☒ Change ☐ Addition
NAME ~~GREEVES, JOSEPH F.~~		1.2 NAME *William J. Russell*	
STREET ADDRESS 3211 JERMANTOWN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		1.4 CITY-ST-ZIP	
TITLE ~~PD~~	☐ DELETE	2.1 TITLE *President*	☒ Change ☐ Addition
NAME ~~ELLIOTT, J. MARK~~		2.2 NAME *Henry L. Sanger*	
STREET ADDRESS 3211 JERMANTOWN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		2.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME PROVINCE, SHARON G.		3.2 NAME	
STREET ADDRESS 5510 MOREHOUSE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP SAN DIEGO CA		3.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME CARAS, CONSTANTINE G.		4.2 NAME	
STREET ADDRESS TWO PENNSYLVANIA PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME ALLEN, PETER		5.2 NAME	
STREET ADDRESS TWO PENNSYLVANIA PLAZA		5.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		5.4 CITY-ST-ZIP	
TITLE AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME STAFFORD, MICHAEL D		6.2 NAME	
STREET ADDRESS 3211 JERMANTOWN RD		6.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		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: Sharon G. Province — Sharon G. Province, Secretary — 2/14/96 — (619) 458-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)