

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001504083
-06/02/95--01009--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04021 (2)

1. Corporation Name
CPP NUCLEAR SECURITY SERVICE, INC.

Principal Place of Business Mailing Address

**15910 VENTURA BLVD
900
ENCINO CA 91436-3095
US**

**15910 VENTURA BLVD
900
ENCINO CA 91436-3095
US**

2. Principal Place of Business 2b. Mailing Address

21. State Apt. #, etc. 26. State Apt. #, etc.

22. City & State 27. City & State

23. 28. 29. 30.

3. Date Incorporated or Qualified 3a. Date of Last Report

11/13/1984 **05/10/1994**

4. FEI Number Applied For / Not Applicable

95-2431271

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. The corporation has liability for intangible tax under s. 198.018, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name **CT Corporation System**

82. Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83. 84. City **Plantation** FL 85. Zip Code **33324**

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.

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****225.00 ****225.00

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WATHEN, THOMAS W.
STREET ADDRESS	15910 VENTURA BLVD, STE 900
CITY, ST, ZIP	ENCINO CA
TITLE	VD
NAME	WEAVER, DANIEL C
STREET ADDRESS	15910 VENTURA BLVD STE 900
CITY, ST, ZIP	ENCINO FL
TITLE	S
NAME	BROWN, GERARD S
STREET ADDRESS	15910 VENTURA BLVD, STE 900
CITY, ST, ZIP	ENCINO CA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, REMOVALS AND DELETIONS

11. TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Brown, Denis R.	
13. STREET ADDRESS	15910 Ventura Boulevard, Suite 900	
14. CITY, ST, ZIP	Encino, CA 91436-3095	
21. TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	McCloskey, James P.	
23. STREET ADDRESS	15910 Ventura Boulevard, Suite 900	
24. CITY, ST, ZIP	Encino, CA 91436-3095	
31. TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Carter, C. Michael	
33. STREET ADDRESS	15910 Ventura Boulevard, Suite 900	
34. CITY, ST, ZIP	Encino, CA 91436-3095	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

*955
5/30/95*

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)(b), Florida Statutes. I further certify that the information included on the 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 21 or 22 or 31 or 32 or 41 or 42 or 51 or 52 or 61 or 62 of this report, or in a separate statement with an address.

SIGNATURE: *James P. McCloskey* James P. McCloskey April 20, 1995 (818) 380-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR Date Telephone Number