

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P13202 (7)**

1. Corporation Name
WESTINGHOUSE REMEDIATION SERVICES, INC.



Principal Place of Business: 675 PARK NORTH BLVD., BLDG. F. STE. 100 CLARKSTON GA 30021-1962
Mailing Address: 675 PARK NORTH BLVD., BLDG. F. STE. 100 CLARKSTON GA 30021-1962

3. Date Incorporated or Qualified: **02/10/1987**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: ~~62-1260588~~ **62-1260585**
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
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
29. Country: 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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILPELA, E	
STREET ADDRESS	875 GREENTREE ROAD, BUILDING 5	
CITY, ST, ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAUGHERTY, H F	
STREET ADDRESS	675 PARK N. BLVD., BLDG. F	
CITY, ST, ZIP	CLARKSTON GA 30021	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, R	
STREET ADDRESS	875 GREENTREE RD., BLDG. 5	
CITY, ST, ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACHY, D M	
STREET ADDRESS	11 STANWIX ST	
CITY, ST, ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	UROUHART, J	
STREET ADDRESS	675 PARK N. BLVD., BLDG. F	
CITY, ST, ZIP	CLARKSTON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Facchini, L. S.	
1.3 STREET ADDRESS	11 Stanwix Street	
1.4 CITY, ST, ZIP	Pittsburgh, PA 15222	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Facchini, L. S.	
3.3 STREET ADDRESS	11 Stanwix Street	
3.4 CITY, ST, ZIP	Pittsburgh, PA 15222	
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 1/18/96 412-642-5260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day) (Month) (Year)

CR2E034 (12/95)