


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P14196 (0)</b> <b>1. Corporation Name</b> <b>FOSTER WHEELER POWER SYSTEM, INC.</b>					



Principal Place of Business <b>PERRYVILLE CORPORATE PK CLINTON NJ 08809-1000</b>	Mailing Address <b>PERRYVILLE CORPORATE PK CLINTON NJ 08809</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. <b>910-tay dept.</b> 22 City & State 23 Zip <b>08807-4000</b> Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>04/27/1987 ok</b> <b>3a. Date of Last Report</b> <b>05/01/1996</b>	
<b>4. FEI Number</b> <b>22-2271893</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPENSKI, M.J.	1.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLINTON NJ	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, D.J.	2.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLINTON NJ	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEDNES, J.E.	3.2 NAME	<b>Fries Gardner, Lisa</b>
STREET ADDRESS	PERRYVILLE CORPORATE PARK	3.3 STREET ADDRESS	<b>Perryville Corporate Park</b>
CITY - ST - ZIP	CLINTON NJ	3.4 CITY - ST - ZIP	<b>CLINTON, NJ 08807-4000</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOECKERT, ROBERT A.	4.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PK	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLINTON NJ	4.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, J.J.	5.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PK	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLINTON NJ	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, JOHN A JR.	6.2 NAME	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLINTON NJ	6.4 CITY - ST - ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **13/97** **908-713-2045**  
Date Daytime Phone

CR2E034 (9/96)