

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 13 1997 8:00am
Secretary of State

DOCUMENT # P27432 (4)
1. Corporation Name
DU PONT ENVIRONMENTAL REMEDIATION SERVICES INC.



Principal Place of Business
C/O DU PONT DENEMOURS AND CO
1007 MARKET ST. B-12312
WILMINGTON DE 19896

Mailing Address
C/O DU PONT DENEMOURS AND CO
1007 N. MARKET ST. M-10608
WILMINGTON DE 19896
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1989	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0320842	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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	PD	1.1 TITLE	PD
NAME	BURNHAM, M. E	1.2 NAME	T. A. FISCHER, II
STREET ADDRESS	1007 MARKET ST. M-10608	1.3 STREET ADDRESS	1007 Market St. D-8038
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	Wilmington, DE 19898
TITLE	VP	2.1 TITLE	VP
NAME	MCATEER, JOHN A	2.2 NAME	A. M. CUTLER
STREET ADDRESS	1007 MARKET ST. RM B-12303	2.3 STREET ADDRESS	1007 Market St. D-8038
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	Wilmington, DE 19898
TITLE	S	3.1 TITLE	S
NAME	DOUGLAS, ANN L.	3.2 NAME	LORIANN LEA
STREET ADDRESS	1007 MARKET ST. M-10608	3.3 STREET ADDRESS	1007 Market St. D-8038
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	Wilmington, DE 19898
TITLE	D	4.1 TITLE	D
NAME	ROMANELLI, RICHARD A.	4.2 NAME	J. A. BUCHANAN
STREET ADDRESS	1007 MARKET ST. M-10608	4.3 STREET ADDRESS	1007 Market St. D-8038
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	WILMINGTON, DE 19898
TITLE	D	5.1 TITLE	D
NAME	REILLEY, DENNIS	5.2 NAME	J. H. TODD
STREET ADDRESS	1007 MARKET STREET	5.3 STREET ADDRESS	1007 Market St. D-8038
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	Wilmington, DE 19898
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

8/14/97 3:22 PM

CR2E034 (4/97)