

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90010 040 \*\*\*150.00

**44003361**



01062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P29310</b> 1. Entity Name <b>DURATEK FIELD SERVICES, INC.</b>					
Principal Place of Business <b>10100 OLD COLUMBIA RD COLUMBIA, MD 21046 US</b>			Mailing Address <b>10100 OLD COLUMBIA RD COLUMBIA, MD 21046 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>52-1355200</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME PRINCE, ROBERT E. STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE S <input type="checkbox"/> Delete NAME BROWN, DIANE R STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V <input type="checkbox"/> Delete NAME DELTETE, PAUL C STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V <input type="checkbox"/> Delete NAME LEVSKI, DIANE L. STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T <input type="checkbox"/> Delete NAME BARTLETT, CRAIG T STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V <input type="checkbox"/> Delete NAME SHAWVER, ROBERT F STREET ADDRESS 10100 OLD COLUMBIA RD CITY-ST-ZIP COLUMBIA, MD		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>EVP</b> STREET ADDRESS CITY-ST-ZIP			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Richard Martin, Vice President &amp; General Counsel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

1/6/04 410)  
312-5100  
Daytime Phone #