

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29979**

(2)

1. Corporation Name
KVAERNER U.S. INC.



Principal Place of Business 116 RODDY AVE. TAX DEPT SOUTH ATTLEBORO MA 02703-7974 US	Mailing Address 116 RODDY AVE. TAX DEPT SOUTH ATTLEBORO MA 02703-7974 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 02/22/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 86-0419904	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, CHARLES E	1.2 NAME	
STREET ADDRESS	116 RODDY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH ATTLEBORO MA 02703	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACHEM, WALTER A	2.2 NAME	
STREET ADDRESS	116 RODDY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH ATTLEBORO MA 02703	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGNILEK, LESLIE W.	3.2 NAME	
STREET ADDRESS	116 RODDY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH ATTLEBORO MA 02703	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELMAN, JOHN M.	4.2 NAME	
STREET ADDRESS	ONE OLIVER PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15222	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOREHOUSE, D.G.	5.2 NAME	Moorhouse, D.G.
STREET ADDRESS	20 EASTBOUNRE TERRACE	5.3 STREET ADDRESS	20 Eastbourne Terrace
CITY-ST-ZIP	LONDON, ENGLAND	5.4 CITY-ST-ZIP	London, ENGLAND W2 6LE
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, PETER C.	6.2 NAME	
STREET ADDRESS	2440 CAMINO RAMON	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAMON CA 94583	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:

Walter A. Jachem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter A. Jachem

4/4/97

(508) 399-6400

CR2E034 (9/96)