SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P39586 (3)WESTINGHOUSE KSC CO., INC. Principal Place of Business Mailing Address C/O WESTHINGHOUSE ELECTRIC CORORATION C/O WESTHINGHOUSE ELECTRIC CORORATION 11 STANWIX STREET 11 STANWIX STREET PITTSBURGH PA 15222 PITTSBURGH PA 15222 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1992 05/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 52-1796852 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired. 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has Lability for intangible tax under s. 199 032. 24 25 29 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-marted corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature (typed or protest have infreg sterest agent and then facilities (NDTE-Registered Agent signature required when mass comp DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1 1 TIFLE Change Addition NAME MOFFITT, W. C. 1.2 NAME CR2E034 STREET ADDRESS %1955 FREMONT AVENUE 1.3 STREET ADDRESS IDAHO FALLS ID CHTY-ST-ZH 1.4 CHY - ST - ZIP TITLE DELETE 2.1 1111.6 Change Addition NAME BURLEY, T. B. 2.2 NAME %160 BETA DRIVE, O'HARA STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 2 4 CITY - ST - ZIP TITLE X DELETE 3.1 TIELE Secretary Change Addition NAME HAYS, C. M. 3.2 NAME Bachy, D. M. STREET ADDRESS %11 STANWIX STREET 3 3 STREET ADDRESS 11 Stanwix Street CITY-ST-ZIP PITTSBURGH PA 3.4 CITY-ST-ZIP Pittsburgh, PA 15222 TITLE DELETE 4.1 DILE Change ____ Addition NAME MISKA, R. F. 4 2 NAME %4350 NORTHERN PIKE STREET ADDRESS 4 3 STREET ADDRESS CITY - ST-ZIP MONROEVILLE PA 44 CHY ST-ZIP TITLE DELETE 5.1 TITLE Change ____ Addition NAME PITTS, S. R. 5.2 NAME STREET ADDRESS 11 STANWIX ST. 5.3 STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15222 5 4 City - St - ZiP TITLE DELETE D 6.1 TITLE Change Addition NAME SPENCER, S.D. 6.2 NAME STREET ADDRESS %875 GREENTREE ROAD 6.3 STREET ADDRESS CITY - ST - ZIP PITTSBURGH PA 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. J. M. Backy D. M. Bachy, Secret SIGNATURE AND TYPEODER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. M. Bachy, Secretary

6/26/96