

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J91292** (9)

1. Corporation Name
RAMPART WATERBLAST, INC.



Principal Place of Business: **23500 - 64TH AVENUE SOUTH, KENT WA 98032**
Mailing Address: **23500 - 64TH AVENUE SOUTH, KENT WA 98032**

3. Date Incorporated or Qualified: **09/04/1987**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0016972**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

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's signature required when filing change)

12. OFFICERS AND DIRECTORS		DELETE
TITLE: DP	NAME: TARRANT, RONALD W.	<input type="checkbox"/>
STREET ADDRESS: 23500 64TH AVENUE, SOUTH	CITY-STATE-ZIP: KENT WA	
TITLE: SP	NAME: LENESS, JOHN S.	<input checked="" type="checkbox"/> DELETE as Director only
STREET ADDRESS: 23500 64TH AVENUE SOUTH	CITY-STATE-ZIP: KENT WA	
TITLE: DP	NAME: CROSS, THOMAS A.	<input checked="" type="checkbox"/> DELETE as Director only
STREET ADDRESS: 23500 64TH AVENUE, SOUTH	CITY-STATE-ZIP: KENT WA	
TITLE: V	NAME: NITTINGER, ROBERT	<input type="checkbox"/>
STREET ADDRESS: 530 MOON CLINTON ROAD	CITY-STATE-ZIP: CORAOPOLIS PA	
TITLE: V	NAME: WINKLER, PATRICK	<input type="checkbox"/>
STREET ADDRESS: 530 MOON CLINTON ROAD	CITY-STATE-ZIP: CORAOPOLIS PA	
TITLE: V	NAME: ROBERT L. RACCHINI	<input type="checkbox"/>
STREET ADDRESS: 530 MOON CLINTON ROAD	CITY-STATE-ZIP: CORAOPOLIS PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE: Sole Director	1.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS:	1.4 CITY-STATE-ZIP:		
2.1 TITLE: Secretary	2.2 NAME:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS:	2.4 CITY-STATE-ZIP:		
3.1 TITLE: Exec VP / COO	3.2 NAME:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-STATE-ZIP:		
4.1 TITLE:	4.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS:	4.4 CITY-STATE-ZIP:		
5.1 TITLE:	5.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-STATE-ZIP:		
6.1 TITLE: VP / CFO	6.2 NAME: Elaine P. Scherba	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS: 23500 - 64th Ave. So.	6.4 CITY-STATE-ZIP: Kent, WA. 98032		

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 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

3/15/96 (206) 850-3500

CR2E034 (12/95)