

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

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DOCUMENT # **P39131 (8)**
1. Corporation Name
EG&G DYNATREND, INC.



Principal Place of Business Mailing Address
24 NEW NEW ENGLAND EXEC. PARK BURLINGTON MA 01803 US **24 NEW ENGLAND EXEC. PARK BURLINGTON MA 01803 US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/26/1992** 3a. Date of Last Report **03/28/1995**
4. FEI Number **04-2957776** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ (NOTE: Registered Agent Signature Required When Changing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, FRED	1.2 NAME	
STREET ADDRESS	45 WILLIAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, MURRAY	2.2 NAME	
STREET ADDRESS	45 WILLIAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROADBENT, PETER	3.2 NAME	Treasurer
STREET ADDRESS	45 WILLIAM STREET	3.3 STREET ADDRESS	Henry, Daniel
CITY-ST-ZIP	WELLESLEY MA	3.4 CITY-ST-ZIP	45 William Street
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES	4.2 NAME	
STREET ADDRESS	1801 ROCKVILLE PIKE, STE 340	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, WILLIAM	5.2 NAME	
STREET ADDRESS	2300 CLAREDON BLVD, STE 705	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONAHUE, JOHN	6.2 NAME	Secretary
STREET ADDRESS	45 WILLIAM STREET	6.3 STREET ADDRESS	Shetterly, John
CITY-ST-ZIP	WELLESLEY MA	6.4 CITY-ST-ZIP	45 William Street

3.1 TITLE Change Addition
3.2 NAME **Henry, Daniel**
3.3 STREET ADDRESS **45 William Street**
3.4 CITY-ST-ZIP **Wellesley, MA 02181**

6.1 TITLE Change Addition
6.2 NAME **Secretary**
6.3 STREET ADDRESS **Shetterly, John**
6.4 CITY-ST-ZIP **45 William Street**

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)(c), 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]* 2/24/96 (617) 20-300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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ADDITIONAL OFFICERS

Title: A.S.
Name: Markovsky, Ronald
Street Address: 24 New England Executive Park
City-ST-Zip: Burlington, MA 01803

Title: P
Name: Robert Ward
Street Address: 24 New England Executive Park
City-ST-Zip: Burlington, MA 01803