

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

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Apr 30 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 # **P39131** (8)

1. Corporation Name
EG&G DYNATREND, INC.



Principal Place of Business 24 NEW NEW ENGLAND EXEC. PARK BURLINGTON MA 01803 US	Mailing Address 24 NEW ENGLAND EXEC. PARK BURLINGTON MA 01803-5203 US
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3. Date Incorporated or Qualified 05/26/1992	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business	2a. Mailing Address
21 900 Clopper Rd	26 900 Clopper Rd
22 Suite 200	27 200
23 Gaithersburg, md	28 Gaithersburg, md
24 20878 25 US	29 20878 30 US

4. FEI Number 04-2957776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**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
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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARKS, FRED
STREET ADDRESS	45 WILLIAM STREET
CITY-ST-ZIP	WELLESLEY MA 02181
TITLE	D <input type="checkbox"/> DELETE
NAME	GROSS, MURRAY
STREET ADDRESS	45 WILLIAM STREET
CITY-ST-ZIP	WELLESLEY MA 02181
TITLE	T <input type="checkbox"/> DELETE
NAME	HENRY, DANIEL
STREET ADDRESS	45 WILLIAM STREET
CITY-ST-ZIP	WELLESLEY MA
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES
STREET ADDRESS	1801 ROCKVILLE PIKE, STE 340
CITY-ST-ZIP	ROCKVILLE MD
TITLE	V <input type="checkbox"/> DELETE
NAME	GREENE, WILLIAM
STREET ADDRESS	2300 CLAREDON BLVD, STE 705
CITY-ST-ZIP	ARLINGTON VA
TITLE	S <input type="checkbox"/> DELETE
NAME	SHETTERLY, JOHN
STREET ADDRESS	45 WILLIAM STREET
CITY-ST-ZIP	WELLESLEY MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rafael Watkins
1.3 STREET ADDRESS	900 clopper Rd suite 200
1.4 CITY-ST-ZIP	Gaithersburg, md 20878
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Del Riego
4.3 STREET ADDRESS	900 clopper Road suite 200
4.4 CITY-ST-ZIP	Gaithersburg, md 20878
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **4/10/97**

CR2E034 (9/96)