


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90024 014 ***150.00

0000735

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000004794
 1. Corporation Name
THERMO REMEDIATION INC.



Principal Place of Business 1964 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703	Mailing Address C/O TAX DEPT. 81 WYMAN STREET WALTHAM MA 02254
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1993	
4. FEI Number 59-3203761	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 owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 9 Pond Lan		2a. Mailing Address		4. FEI Number 59-3203761		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. Suite 5A		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State Concord, MA		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 01742	Country USA	Zip	Country	8. This corporation owes the current year intangible Personal Property Tax. <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 ROAD 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JEFFREY L	1.2 NAME	Powell, Jeffrey
STREET ADDRESS	1964 S. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	9 Pond Lane, Suite 5A
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Concord, MA 01742
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATSOPOULOS, JOHN N	2.2 NAME	
STREET ADDRESS	81 WYMAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, SANDRA L	3.2 NAME	
STREET ADDRESS	81 WYMAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIORDAN, MELISSA F	4.2 NAME	Apicerno, Kenneth
STREET ADDRESS	81 WYMAN ST	4.3 STREET ADDRESS	81 Wyman Street
CITY-ST-ZIP	WALTHAM MA 02254	4.4 CITY-ST-ZIP	Waltham, MA 02454
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, PAUL F	5.2 NAME	
STREET ADDRESS	81 WYMAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02254	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUSARARIAN, JAMES	6.2 NAME	
STREET ADDRESS	81 WYMAN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Robert V. Aghababian **ROBERT V. Aghababian** 4-26-99 781.622.1132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)