

**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 # **F94000001135 (2)**  
1. Corporation Name  
**ENVIREX INC.**



Principal Place of Business: **1901 S PRAIRIE AVENUE WAUKESHA WI 53186-7360 US**  
Mailing Address: **PO BOX 1604 WAUKESHA WI 53187-1604**

3. Date Incorporated or Qualified: **03/07/1994**  
3a. Date of Last Report: **03/07/1995**  
4. FEI Number: **34-1545942**  
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 (21-25) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>BYRNE, PAUL J</b>		1.2 NAME: <b>JOHN W. BECKETT</b>	
STREET ADDRESS: <b>1901 S PRAIRIE AVENUE</b>		1.3 STREET ADDRESS: <b>DAWSON HOUSE, GREAT SANKEY</b>	
CITY-ST-ZIP: <b>WAUKESHA WI</b>		1.4 CITY-ST-ZIP: <b>WARRINGTON, WAS 3LW, U.K.</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>FOX, ALAN G</b>		2.2 NAME: <b>SAMUEL E. PARK</b>	
STREET ADDRESS: <b>OAKLAND HOUSE, 11TH FLOOR, TALBOT RD</b>		2.3 STREET ADDRESS: <b>25 MAIN ST.</b>	
CITY-ST-ZIP: <b>MANCHESTER UNITED KINGDOM</b>		2.4 CITY-ST-ZIP: <b>Belleville, NJ 07109-3057</b>	
TITLE: <b>PTD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <b>PTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>SAFFRAN, EDWARD P</b>		3.2 NAME: <b>DEAN J. SMITH</b>	
STREET ADDRESS: <b>1901 S. PRAIRIE AVE</b>		3.3 STREET ADDRESS: <b>1901 S. PRAIRIE AVE</b>	
CITY-ST-ZIP: <b>WAUKESHA WI</b>		3.4 CITY-ST-ZIP: <b>WAUKESHA, WI</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BAUMANN, PETER G</b>		4.2 NAME:	
STREET ADDRESS: <b>1901 S PRAIRIE AVENUE</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>WAUKESHA WI</b>		4.4 CITY-ST-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE: <b>Vice President &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DREWEK, KATHERINE M</b>		5.2 NAME:	
STREET ADDRESS: <b>1901 S. PRAIRIE AVE</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>WAUKESHA WI</b>		5.4 CITY-ST-ZIP:	
TITLE: <b>VPCS</b>	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KRUEGER, PAUL A</b>		6.2 NAME:	
STREET ADDRESS: <b>1901 S PRAIRIE AVENUE</b>		6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>WAUKESHA WI</b>		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine M. Drewek* Katherine M. Drewek 1/31/96 414-521-8504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)