

FILED
Feb 11 1998 8:00am
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-1545942	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIDEL, ANDREW D	1.2 NAME	Asst. Secretary
STREET ADDRESS	40004 COOK ST	1.3 STREET ADDRESS	Amy G. Gossin
CITY-ST-ZIP	PALM DESERT CA	1.4 CITY-ST-ZIP	40-004 COOK ST. Palm Desert, CA 92211
TITLE	DVPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINO, DAMIAN C	2.2 NAME	
STREET ADDRESS	40004 COOK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, KEVIN L	3.2 NAME	
STREET ADDRESS	40004 COOK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA	3.4 CITY-ST-ZIP	
TITLE	VPCT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEKER, JAMES W	4.2 NAME	
STREET ADDRESS	40004 COOK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA	4.4 CITY-ST-ZIP	
TITLE	VPAS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREWEK, KATHERINE M	5.2 NAME	
STREET ADDRESS	1901 S PRAIRIE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKESHA WI	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULME, MICHAEL E	6.2 NAME	
STREET ADDRESS	40004 COOK ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA	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.

SIGNATURE _____ **Amy G. Gossin 11/2/98 (414) 521-**

CR2E034 (10/97)