

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002083 (3)

1. Corporation Name
ERM - ENVIROCLEAN, INC.

Principal Place of Business

855 SPRINGDALE DR.
EXTON PA 19341

Mailing Address

855 SPRINGDALE DR.
EXTON PA 19341

FILED
Aug 11 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1994	3a. Date of Last Report 06/11/1996
4. FEI Number 23-2498360	<input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL DEVICK	
STREET ADDRESS	1141 DORSET DR.	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLMAN, DAVID N.	
STREET ADDRESS	855 SPRINGDALE DR.	
CITY-ST-ZIP	EXTON PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, BRIAN	
STREET ADDRESS	855 SPRINGDALE DR.	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWITT, MARILYN A	
STREET ADDRESS	855 SPRINGDALE DR.	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWELL, JACK C	
STREET ADDRESS	855 SPRINGDALE DR.	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEREK ROSS	
STREET ADDRESS	102 ROLAND ROAD	
CITY-ST-ZIP	COATESVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kent Patterson	
1.3 STREET ADDRESS	736 South Warren Ave	
1.4 CITY-ST-ZIP	Malvern, PA 19355	
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	Peter Sudano	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director	
3.3 STREET ADDRESS	102 Kingwood - Stockton Rd.	
3.4 CITY-ST-ZIP	Rosemont, NJ 08556-0151	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Daniel Seivick	
5.3 STREET ADDRESS	1141 Dorset Dr.	
5.4 CITY-ST-ZIP	West Chester, PA 19382	
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 registered or trading agent of the corporation and that I am authorized 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 to this report.

SIGNATURE:

[Signature] Kent Patterson, President 7/29/97 610 431-8731

CR2E034 (4/97)