

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000004014 (5)

1. Corporation Name:

EARTH TECH CONSULTING, INC.



Principal Place of Business

Mailing Address

**100 WEST BROADWAY, SUITE 5000
LONG BEACH CA 90802-4443**

**100 WEST BROADWAY, SUITE 5000
LONG BEACH CA 90802-4443**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

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4. FCI Number
95-2661922

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

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 **FL**

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 of the person filing this report (if applicable)

(200) Registered Agent (if applicable)

(1A)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **CP CREEL, DIANE C**

STREET ADDRESS **100 WEST BROADWAY, SUITE 5000**

CITY- ST- ZIP **LONG BEACH CA 90802-4443**

TITLE DELETE

NAME **DCFO EARLY, CREIGHTON K**

STREET ADDRESS **100 WEST BROADWAY, SUITE 5000**

CITY- ST- ZIP **LONG BEACH CA 90802-4443**

TITLE DELETE

NAME **GCS ALPERT, CHARLES S**

STREET ADDRESS **100 WEST BROADWAY, SUITE 5000**

CITY- ST- ZIP **LONG BEACH CA 90802-4443**

TITLE DELETE

NAME **AS MONTGOMERY, PATRICIA E**

STREET ADDRESS **100 WEST BROADWAY, SUITE 5000**

CITY- ST- ZIP **LONG BEACH CA 90802-4443**

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] VP FINANCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (316) 495-4449

Date

Telephone #

CR2E034 (3/96)