

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90016 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F98000004574 *fox*

1. Corporation Name

ENVIROSOURCE CORPORATION

Principal Place of Business 1155 BUSINESS CTR. DR. HORSHAM, PA 19044 US	Mailing Address 1155 BUSINESS CTR. DR. HORSHAM, PA 19044 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 08/10/1998	4. FEI Number 06-1293310	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. 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
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

TITLE	Chairman & President	<input type="checkbox"/> DELETE
NAME	John T. DiLacqua	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	James C. Hull	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	
TITLE	VPSC	<input type="checkbox"/> DELETE
NAME	Leon Z. Heller	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Aarne Anderson	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Phillip L. Greenberg	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	William B. Davis	
STREET ADDRESS	1155 Business Center Drive	
CITY - ST - ZIP	Horsham, PA 19044	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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:** *Aarne Anderson*

4/27/99 215-956-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)