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95 MAY -1 PM 5: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P16065 (5)**

1. Corporation Name  
**ENVIROSOURCE, INC.**

Principal Place of Business <b>FIVE HIGH RIDGE OFFICE PARK P.O. BOX 10309 STAMFORD CT 06904-2309</b>	Mailing Address <b>FIVE HIGH RIDGE OFFICE PARK P.O. BOX 10309 STAMFORD CT 06904-2309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29

3. Date Incorporated or Qualified <b>09/23/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>34-0617390</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>GUZZETTI, LOUIS A.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5 HIGH RIDGE PARK</b>	CITY - ST - ZIP <b>STAMFORD CT</b>	1.2 NAME	<b>700001518207</b>
		1.3 STREET ADDRESS	<b>-06/20/95--D1111--019</b>
		1.4 CITY - ST - ZIP	<b>****130.00 ****130.00</b>
TITLE <b>V</b>	NAME <b>FUEHRER, GEORGE E.</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>5 HIGH RIDGE PARK</b>	CITY - ST - ZIP <b>STAMFORD CT</b>	2.2 NAME	<b>D</b>
		2.3 STREET ADDRESS	<b>SPOGLI, RONALD P.</b>
		2.4 CITY - ST - ZIP	<b>11100 SANTA MONICA BLVD., SUITE 1900 LOS ANGELES, CA 90025</b>
TITLE <b>V</b>	NAME <b>ANDERSON, AARNE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5 HIGH RIDGE PARK</b>	CITY - ST - ZIP <b>STAMFORD CT</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>AS</b>	NAME <b>FITZSIMONS, JOHN H.</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>230 PARK AVENUE</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	4.2 NAME	<b>T</b>
		4.3 STREET ADDRESS	<b>DAVIS, WILLIAM B.</b>
		4.4 CITY - ST - ZIP	<b>5 HIGH RIDGE PARK STAMFORD CT</b>
TITLE <b>S</b>	NAME <b>HUBEN, CHRISTINA E</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5 HIGH RIDGE PARK</b>	CITY - ST - ZIP <b>STAMFORD CT</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>OWENS, C. RICHARD</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>230 PARK AVENUE</b>	CITY - ST - ZIP <b>NEW YORK NY</b>	6.2 NAME	<b>D</b>
		6.3 STREET ADDRESS	<b>ASKINS, WALLACE D.</b>
		6.4 CITY - ST - ZIP	<b>5 HIGH RIDGE PARK STAMFORD, CT 06904-2309</b>

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 110.07(2)(b), 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]* Vice President 04/28/95 (203) 321-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)