

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

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P16065 (5)
1. Corporation Name
EnviroSource, Inc.

| | |
|---|---|
| Principal Place of Business 1155 Business Center Dr. Horsham, PA 19044-3454 | Mailing Address 1155 Business Center Dr. Horsham, PA 19044-3454 |
|---|---|

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 9/23/87 | | 3a. Date of Last Report 5/1/96 | |
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country | | 4. FEI Number 34-0617390 Applied For Not Applicable | |
| 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25. Zip Country | | 29. Zip Country | |
| 30. Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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)
400002270234 -- 0
83. **-08/18/97--01135--003**
84. City ******165.00 ****165.00**
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

A. Anderson
8/14/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | P/D Louis A. Guzzetti, Jr. |
| 13 STREET ADDRESS | 1155 Business Center Drive |
| 14 CITY-ST-ZIP | Horsham, PA 19044 |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | V George E. Fuehrer |
| 23 STREET ADDRESS | 1155 Business Center Drive |
| 24 CITY-ST-ZIP | Horsham, PA 19044 |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | V Aarne Anderson |
| 33 STREET ADDRESS | 1155 Business Center Drive |
| 34 CITY-ST-ZIP | Horsham, PA 19044 |
| 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | D Ronald P. Spogli |
| 43 STREET ADDRESS | 1155 Business Center Drive |
| 44 CITY-ST-ZIP | Horsham, PA 19044 |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | S Leon Z. Heller |
| 53 STREET ADDRESS | 1155 Business Center Drive |
| 54 CITY-ST-ZIP | Horsham, PA 19044 |
| 61 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | D Wallace B. Askins |
| 63 STREET ADDRESS | 1155 Business Center Drive |
| 64 CITY-ST-ZIP | Horsham, PA 19044 |

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 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: *Aarne Anderson* **Aarne Anderson** 8/8/97 215-956-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)