

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SUNSHINE STATEMENT  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

MAY 23 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P22078** (0)

**CHRYSLER ASSET MANAGEMENT CORPORATION**

DO NOT WRITE IN THIS SPACE

2. Principal Office (Mailing Address)	2a. Mailing Address
225 HIGH RIDGE RD STAMFORD CT 06905	225 HIGH RIDGE RD STAMFORD CT 06905

3. Date Registered or Qualified	3a. Date of Last Report
12/13/1988	05/01/1994
4. FET Number	Applied For
06-1213913	<input type="checkbox"/> Not Applicable
5. Certificate of Status (Deared)	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has ability to manage tax under a Florida Statute.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. State Agent	26. State Agent
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City & State	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of sections 607.01 and 607.12 of the 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 hereby withdrawing my resignation of the year 1993. Florida Statute.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD BISHOP, WILLIAM S 28 CEDARWOOD DR #1 GREENWICH CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V JAMES, JOHN W. 19 ST. GEORGE LANE NEW CANAAN CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC PETERSON, MICHAEL O 55 MARLBOROUGH RD NO HAVEN CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS COZART, RICHARD M. 6 LAURELWOOD DRIVE NEW FAIRFIELD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W BROWER, MARK P 51 HURON RD YONKERS NY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT SIMMONS, RUBEN 225 HIGH RIDGE RD STAMFORD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DVP  
NEPTUNE, RICHARD G.  
225 HIGH RIDGE RD.  
STAMFORD, CT 06905

SIGNATURE:   
RUBEN SIMMONS

5/12/95 203 975-3200

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

DOCUMENT # **P23058**

(1)

CARDKEY SYSTEMS, INC.

APPROVED  
FILED

MAY 23 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

Mailing Address:

101 WEST COCHRAN STREET  
SIMI VALLEY CA 93065

101 WEST COCHRAN STREET  
SIMI VALLEY CA 93065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/20/1989	06/03/1994
22. Subst. Apt. # etc.		27. Subst. Apt. # etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. State	25. Locality	29. Zip	30. Country	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. The Corporation has liability for intangible tax under S. 193.032, Florida Statutes	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 607.1704 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 607.0401, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. TITLE	P	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	VONA, JOE	1. NAME	PRESIDENT Thelin, CLAS
3. STREET ADDRESS	101 W. COCHRAN STREET	1. STREET ADDRESS	101 W. Cochran St.
4. CITY & STATE	SIMI VALLEY CA	1. CITY & STATE	Simi Valley, CA 93065
1. TITLE	V	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CURTIS, ALAN	2. NAME	VICE PRESIDENT LANCE RICH
3. STREET ADDRESS	101 W. COCHRAN STREET	2. STREET ADDRESS	101 W. Cochran St.
4. CITY & STATE	SIMI VALLEY CA	2. CITY & STATE	Simi Valley CA 93065
1. TITLE	V	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ROCKEMAN, J.	3. NAME	SECRETARY/TREASURER Louis Weiss
3. STREET ADDRESS	101 W. COCHRAN STREET	3. STREET ADDRESS	101 W. COCHRAN ST.
4. CITY & STATE	SIMI VALLEY CA	3. CITY & STATE	SIMI VALLEY CA 93065
1. TITLE	V	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RICH, LANCE	4. NAME	VICE PRESIDENT JOSEPH CRUZ
3. STREET ADDRESS	101 W. COCHRAN STREET	4. STREET ADDRESS	101 W. COCHRAN ST.
4. CITY & STATE	SIMI VALLEY CA	4. CITY & STATE	SIMI VALLEY, CA 93065
1. TITLE	V	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CHARLEBOIS, DENNIS	5. NAME	<del>ROBERT MCKEE</del> VICE PRES. ROBERT MCKEE
3. STREET ADDRESS	101 W. COCHRAN STREET	5. STREET ADDRESS	101 W. COCHRAN ST.
4. CITY & STATE	SIMI VALLEY CA	5. CITY & STATE	SIMI VALLEY, CA 93065
1. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		6. NAME	
3. STREET ADDRESS		6. STREET ADDRESS	
4. CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under section 193.032 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. I am an officer or director of the corporation or the officer or director responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit filed with an address.

SIGNATURE: *Louis Weiss* Louis Weiss 5/15/95 508-582-3122

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FLORIDA DEPARTMENT OF STATE  
Sandra H. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
MAY 23 1995

MAY 23 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P23434** (4)

1. Corporation Name  
**SEVENSON ENVIRONMENTAL SERVICES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2749 LOCKPORT ROAD NIAGARA FALLS NY 14305-2229**  
Mailing Address: **2749 LOCKPORT ROAD NIAGARA FALLS NY 14305-2229**

3. Date Incorporated or Qualified: **03/16/1989**  
3a. Date of Last Report: **03/25/1994**

21. Principal Place of Business State: Apt # etc: _____	26. Mailing Address State: Apt # etc: _____	4. FEI Number <b>16-1091535</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State: _____	27. City & State: _____	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City: _____	28. City: _____	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. City: _____	25. City: _____	29. City: _____	30. City: _____

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		B1. Name: _____		
		B2. Street Address (if C) Box Number is Not Acceptable: _____		
		B3. _____		
		B4. City: _____	FL	B5. Zip Code: _____

11. Pursuant to the provisions of Sections 215.02 and 215.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. This change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent. This change will become effective on the date of filing of this report in Florida Statutes.

SIGNATURE \_\_\_\_\_  
Name of Current Agent: \_\_\_\_\_  
Name of New Agent: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: <b>VSD MCDERMOTT, WILLIAM J. 136 HUNTERS LANE WILLIAMSVILLE NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PD ELIA, MICHAEL A. 3043 MAPLE ROAD WILSON NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VD ELIA, LAURENCE A. 3039 MAPLE ROAD WILSON NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VD ELIA, RICHARD A. 3047 MAPLE ROAD WILSON NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VTD ARMSTRONG, DENA M 335 OAK LEWISTON NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>D CASTIGLIA, JOSEPH J. 1749 READING ROAD WEST FALLS, NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons stated in Sections 215.02 and 215.03, Florida Statutes. I further certify that the information included in this annual report of supplemental annual report is true and correct 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 appointed to administer this report as required by Chapter 215, Florida Statutes, and that my name appears in Block 1, of Block 1 of this report or in an attached report with an address.

SIGNATURE: *Dena M. Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 716-284-0432

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Laura B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 22 10:20

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P23476** (5)

1. Corporation Name  
**A.J. GERRARD & COMPANY**

Principal Place of Business: **400 EAST TOUPHY AVENUE DES PLAINES IL 60018**  
Mailing Address: **400 EAST TOUPHY AVENUE DES PLAINES IL 60018**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/20/1989**  
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business: **400**  
2a. Mailing Address: **26**

4. FEI Number: **36-2070817**  
Applied For:  Not Applicable

22. State: **Ill**  
27. State: **Ill**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **28**  
28. City & State: **30**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution:

24. Zip: **25** County: **29** Zip: **30** Locality: **30**

8. This corporation has liability for intangible tax under S. 193.132 Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STANDRIDGE, GREG  
7037 COMMONWEALTH AVENUE  
JACKSONVILLE FL 32220**

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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 is 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: **5/9/95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

101	PD	TAKO, ANTHONY
STREET ADDRESS	400 EAST TOUHY AVENUE	DES PLAINES IL
102	STV	ROCUSH, PETER
STREET ADDRESS	400 EAST TOUHY AVENUE	DES PLAINES IL
103	D	GERRARD, JOHN M.
STREET ADDRESS	615 PENIEL RD	COLUMBUS NC
104	D	GERHARDSTEIN, E. MICHAEL
STREET ADDRESS	1221 WEST BAUER	NAPERVILLE IL
105	D	RIECK, THOMAS W.
STREET ADDRESS	55 WEST MONROE STREET	CHICAGO IL
106	D	CLINGAN, ROBERT S.
STREET ADDRESS	1001 ROHLWING ROAD	ROLLING MEADOWS IL

111	Change	Add
112	Change	Add
113	Change	Add
114	Change	Add
115	Change	Add
116	Change	Add
117	Change	Add
118	Change	Add
119	Change	Add
120	Change	Add

14. I do hereby certify that the information supplied with this filing is accurately furnished and that I am equally qualified for the position as stated in Sections 193.132 (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 it were made by me. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the F-22 or F-23 Form required to be filed with this report.

SIGNATURE: \_\_\_\_\_ DATE: **5/9/95**