

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25863** (2)

1. Corporation Name
SVERDRUP ENVIRONMENTAL, INC.



Principal Place of Business Mailing Address
13723 RIVERPORT DR MARYLAND HGTS MO 63043 US **13723 RIVERPORT DR MARYLAND HGTS MO 63043 US**

3. Date Incorporated or Qualified **08/29/1989** 3a. Date of Last Report **01/26/1995**
4. FEI Number **43-1494558** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30. Zip Country

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 **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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRICE R.	1.2 NAME	
STREET ADDRESS	15 FIELDING ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, HENRY G., JR.	2.2 NAME	
STREET ADDRESS	10 DEERFIELD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORISSON, A S	3.2 NAME	
STREET ADDRESS	12150 BENT BROOK	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63131	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, ALFRED J.	4.2 NAME	
STREET ADDRESS	624 GOLFVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN MO	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIKEMEIER, KRAIG G.	5.2 NAME	
STREET ADDRESS	80 WEBSTER WOODS	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRLE, THOMAS E.	6.2 NAME	
STREET ADDRESS	34 RED OAK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL	6.4 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry G. Seligowski* 1/16/96 314-770-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2E034 (12/95)