

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90044 012 \*\*\*\*61.25

**DOCUMENT # P37821**

1. Entity Name

**THE SOCIETY OF ENVIRONMENTAL TOXICOLOGY AND CHEMISTRY INCORPORATED**

Principal Place of Business

Mailing Address

1010 N. 12TH AVE.  
 PENSACOLA FL 32501

1010 N. 12TH AVE.  
 PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1184315**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRISH, RODNEY**  
**1010 NORTH 12TH AVE.**  
**PENSACOLA FL 32501-3307**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PP RODGERS, JOHN**  
 STREET ADDRESS **1 TIWET DRIVE**  
 CITY-ST-ZIP **PENDLETON SC 29670**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST WENTSEL, RANDALL S**  
 STREET ADDRESS **401 M ST SW**  
 CITY-ST-ZIP **WASHINGTON DC 20460**

TITLE  Change  Addition  
 NAME **ST KEVIN REINERT**  
 STREET ADDRESS **727 Normstown Rd Spring House, PA 19477**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P DORWARD-KING, ELAINE**  
 STREET ADDRESS **5299 SPRING GROVE AVENUE**  
 CITY-ST-ZIP **CINCINNATI OH 45217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PP MAYER, FOSTER L**  
 STREET ADDRESS **ONE SABINE ISLAND DR**  
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE  Change  Addition  
 NAME **PP Mark Seelos**  
 STREET ADDRESS **867 Lakeshore Dr.**  
 CITY-ST-ZIP **Burlington, Ontario L7R4A6**

TITLE  Delete  
 NAME **ED PARRISH, RODNEY**  
 STREET ADDRESS **1010 NORTH 12TH AVENUE**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP FORAN, JEFFREY**  
 STREET ADDRESS **152 W WISCONSIN AVE, SUITE 510**  
 CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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, director, or shareholder 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **25 Apr 02** **857 1500**

CR2E037 (9/01)

B0102189



DO NOT WRITE IN THIS SPACE