2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000007379** May 02, 2000 8:00 am Secretary of State -REMEDIAL ENGINEERING & SCIENCE, INC.-CONSULTING GROUP 05-02-2000 90059 025 ***158.75 Principal Place of Business 206 WHITE MARSH CIRCLE 206 WHITE MARSH CIRCLE ORLANDO FL 32824-6090 ORLANDO FL 32824-6090 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3289212 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANIGRAHI, BIJAY K Street Address (P.O. Box Number is Not Acceptable) 206 WHITE MARSH CIRCLE ORLANDO FL 32824 Zip Code FL 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. BIJAY K. PANIGRAHI, PRESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTSD ☐ Change ☐ Addition ☐ Delete TITLE TITLE PANIGRAHI, BIJAY K NAME NAME STREET ADDRESS 206 WHITE MARSH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Defete TITLE PANIGRAHI, SUCHITRA NAME STREET ADDRESS 206 WHITE MARSH CIRCLE STREET ADDRESS CITY-ST-7P ORLANDO FL 32824 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. 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 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 11 or Block 12 if changed, or on an attachment with an address. Ath all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO