

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 2:20

DOCUMENT # F94000001135 (2)

1. Corporation Name
ENVIREX INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 1604
WAUKESHA WI 53187-1604

Mailing Address
PO BOX 1604
WAUKESHA WI 53187-1604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report N/A
4. FEI Number 34-1545942	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 21 1901 S. Prairie Ave Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 WAUKESHA, WI Zip 53186-7360 Country	27 City & State 28 Zip Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 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 85 Zip Code FL
---	--

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

Signature, typed or printed name of registered agent and his or her signature.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ROSS, CHET S 214 CARNEGIE CENTER, SUITE 302 PRINCETON NJ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Director Byrne, PAUL J. 1901 S. PRAIRIE AVE. WAUKESHA, WI 53186-7360 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOX, ALAN G OAKLAND HOUSE, 11TH FLOOR, TALBOT RD MANCHESTER UNITED KINGDOM	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SAFFRAN, EDWARD P 1901 S. PRAIRIE AVE WAUKESHA WI	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GROSZ, ROBERT B 1901 S. PRAIRIE AVE WAUKESHA WI	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Vice President Baumann, Peter G. 1901 S. PRAIRIE AVE. WAUKESHA, WI 53186-7360 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DREWEK, KATHERINE M 1901 S. PRAIRIE AVE WAUKESHA WI	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Vice President, Controller, Asst. Secy, Asst. Treas. KUEBER, PAUL A. 1901 S. PRAIRIE AVE. WAUKESHA, WI 53186-7360 ☐ Change ☒ Addition

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:

Katherine M. Drek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE M. DREWEK, SECRETARY

2/15/95

414-521-8504