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052/311

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001135**

1. Corporation Name
ENVIREX INC.

Principal Place of Business	Mailing Address
1901 S PRAIRIE AVENUE WAUKESHA WI 53186-7360 US	PO BOX 1604 WAUKESHA WI 53187-1604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26 40-004 Cook St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Palm Desert, CA
Zip 24 / Country 25	Zip 29 92211 / Country 30 Riverside

4. FEI Number: 34-1545942 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEIDEL, ANDREW D		1.2 NAME		
STREET ADDRESS	40004 COOK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT CA		1.4 CITY-ST-ZIP		
TITLE	DVPS	☒ DELETE	2.1 TITLE	D, VP, S	☐ Change ☒ Addition
NAME	GEORGINO, DAMIAN C		2.2 NAME	Stephen P. Stanczak	
STREET ADDRESS	40004 COOK ST		2.3 STREET ADDRESS	40-004 Cook St.	
CITY-ST-ZIP	PALM DESERT CA		2.4 CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE, KEVIN L		3.2 NAME		
STREET ADDRESS	40004 COOK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT CA		3.4 CITY-ST-ZIP		
TITLE	VPCT	☐ DELETE	4.1 TITLE	VP, CT, T	☒ Change ☐ Addition
NAME	DIEKER, JAMES W		4.2 NAME	James W. Dierker	
STREET ADDRESS	40004 COOK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT CA		4.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DREWEK, KATHERINE M		5.2 NAME		
STREET ADDRESS	1901 S PRAIRIE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI		5.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	HULME, MICHAEL E		6.2 NAME	Amy G. Gossin	
STREET ADDRESS	40004 COOK ST		6.3 STREET ADDRESS	40-004 Cook St.	
CITY-ST-ZIP	PALM DESERT CA		6.4 CITY-ST-ZIP	Palm Desert, CA 92211	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Amy G Gossin REQUIRED — 4/5/99 — 414-521-8504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Amy G. Gossin ASST. SEC'Y