## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002408

Entity Name: TMC ENVIRONMENTAL SERVICES, INC.

**Current Principal Place of Business:** 

18500 NORTH ALLIED WAY PHOENIX, AZ 85054

**Current Mailing Address:** 

18500 NORTH ALLIED WAY PHOENIX, AZ 85054 US

FEI Number: 04-3270089 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 22, 2024

**Secretary of State** 

5601059958CC

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name CARLSEN, ELYSE M. Name ARAMBULA, JULIA

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title VP Title VP

Name NICKERSON, JOHN B. Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title VP Title VP

Name KANG, RICHARD D. Name MACALUSO, JAMES M.

Address 18500 NORTH ALLIED WAY Address 6 SHIRE DRIVE

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: NORFOLK MA 02056

Title VP, TAX Title SECRETARY

Name FOCAZIO, LAWRENCE D. Name MCKEON, LAUREN

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MCKEON, LAUREN SECRETARY 04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASSISTANT SECRETARY Title ASSISTANT SECRETARY, VP

Name NICKERSON, JOHN B. Name KASARJIAN, ASHLEY

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY Title TREASURER

Name WILHOIT, ADRIENNE W. Name BOYD, CALVIN R.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054