

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004008

Entity Name: ENVIROSITE CORPORATION**Current Principal Place of Business:**1175 POST ROAD EAST
WESTPORT, CT 06880**Current Mailing Address:**1175 POST ROAD EAST
WESTPORT, CT 06880**FEI Number:** 46-2759115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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**Officer/Director Detail :**

Title	D
Name	BADELLES, JOSE RENATO T
Address	BLDG.17 LA FUERZA CMPD.ALBANG-ZAPOTE RD.
City-State-Zip:	ALMANZA LAS PINAS CITY PHILI

Title	P
Name	BADELLES, JOSE RENATO
Address	BLDG.17 LA FUERZA CMPD.ALBANG-ZAPOTE RD.
City-State-Zip:	ALMANZA LAS PINAS CITY PHILI

Title	T
Name	BAUTISTA, DANILO R
Address	BLDG.17 LA FUERZA CMPD.ALBANG-ZAPOTE RD.
City-State-Zip:	ALMANZA LAS PINAS CITY PHILI

Title	VP
Name	CERINO, MARK
Address	1175 POST ROAD EAST
City-State-Zip:	WESTPORT CT 06880

Title	S
Name	ARBOLENTE, MARISEL L
Address	10 MONUMENT ST.
City-State-Zip:	DEPOSIT NY 13754

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: MARISEL ARBOLENTE**SECRETARY****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date