

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 09, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 851540 (5)**

1. Corporation Name  
**OHM REMEDIATION SERVICES CORP.**



Principal Place of Business Mailing Address  
**16406 US ROUTE 224 EAST  
PO BOX 551  
FINDLAY OH 45839**

3. Date Incorporated or Qualified **01/08/1982** 3a. Date of Last Report **02/07/1995**  
4. FEI Number **34-1275607** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T 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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KIRK, JAMES L	
STREET ADDRESS	7130 CR 254	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KIRK, JOSEPH R	
STREET ADDRESS	7801 TR 215	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANE, IRA O	
STREET ADDRESS	181 STANSBERRY AVENUE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HANSEL, KRIS E	
STREET ADDRESS	1102 DALORES DRIVE	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	IAPALUCCI, SAMUEL H	
STREET ADDRESS	2204 HONEYTREE COURT	
CITY-ST-ZIP	FINDLAY OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. 1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2. 1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3. 1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John J. Ray III	
33 STREET ADDRESS	16406 U.S. Rt. 224 East	
34 CITY-ST-ZIP	FINDLAY, OH 45840	
4. 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	16406 U.S. Rt. 224 East	
44 CITY-ST-ZIP	FINDLAY, OH 45840	
5. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6. 1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Pamela K. U. Beall	
63 STREET ADDRESS	812 Bitterbrush Lane	
64 CITY-ST-ZIP	FINDLAY, OH 45840	

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. HILL

1-25-96

(410) 423-3526

Date

Daytime Phone #

CR2E034 (12/95)