

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90019 006 ***150.00

DOCUMENT # 851540

1. Entity Name

OHM REMEDIATION SERVICES CORP.

Principal Place of Business

**2790 MOSSIDE BLVD
 MONROEVILLE PA 15146
 US**

Mailing Address

**2790 MOSSIDE BLVD
 MONROEVILLE PA 15146
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1275607**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELUCA, ANTHONY J	
STREET ADDRESS	2790 MOSSIDE BLVD	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KIRK, JAMES G	
STREET ADDRESS	2151 OLD DOMINION ROAD	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARDNER, GARY L	
STREET ADDRESS	200 HORIZON CENTER BLVD.	
CITY-ST-ZIP	TRENTON NJ 08691	
TITLE	AS	<input type="checkbox"/> Delete
NAME	REDWINE, JAMES M	
STREET ADDRESS	4084 LETORT LANE	
CITY-ST-ZIP	ALLISON PARK PA 15101	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONTE, RICHARD R	
STREET ADDRESS	1512 FOX CHASE DRIVE	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOOSE, HARRY J	
STREET ADDRESS	2790 MOSSIDE BLVD.	
CITY-ST-ZIP	MONROEVILLE PA 15146	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Redwine

01-08-01

412-858-1536

Date

Daytime Phone #

CR2E034 (10/00)