

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

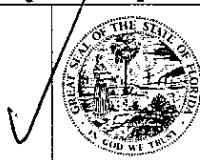
FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90115 016 ***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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 S PINE ISLAND RD

PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, FRANCIS J	
STREET ADDRESS	2790 MOSSIDE BLVD	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KIRK, JAMES G	
STREET ADDRESS	2151 OLD DOMINION ROAD	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, GARY L	
STREET ADDRESS	200 HORIZON CENTER BLVD.	
CITY-ST-ZIP	TRENTON NJ 08691	
TITLE	AS	<input checked="" 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	

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

12. 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 10 or Block 11 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

VICE PRESIDENT

Date

Daytime Phone #

2/13/03

412-380-6110