**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

DOCUMENT # **851690** **(8)**

1. Corporation Name

**IDM ENVIRONMENTAL CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 396 WHITEHEAD AVE.<br>P.O. BOX 388<br>SOUTH RIVER, NJ. 08882 | 396 WHITEHEAD AVE.<br>P.O. BOX 388<br>SOUTH RIVER, NJ. 08882 |

3. Date Incorporated or Qualified: **01/25/1982**
3a. Date of Last Report: **02/21/1995**

4. FEI Number: **22-2194790** ☐ 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**
**1201 HAYS STREET**
**SUITE 105**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.1502, 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. I further certify that the corporation has complied with the applicable provisions of Section 607.0501, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | ☐ DELETE | 1 TITLE ☐ Change ☐ Addition |
| NAME | DIAS, JOE | | 2 NAME |
| STREET ADDRESS | 201 CURTIS AVE | | 3 STREET ADDRESS |
| CITY-ST-ZIP | PT PLEASANT BCH NJ | | 4 CITY-ST-ZIP |
| TITLE | P | ☐ DELETE | 2 TITLE ☐ Change ☐ Addition |
| NAME | FREEDMAN, JOEL A. | | 2 NAME |
| STREET ADDRESS | 264 DUTCHMANS PT RD | | 3 STREET ADDRESS |
| CITY-ST-ZIP | MANTOLOKING NJ | | 4 CITY-ST-ZIP |
| TITLE | T | ☐ DELETE | 3 TITLE ☐ Change ☐ Addition |
| NAME | KILLEEN, MICHAEL B. | | 3 NAME |
| STREET ADDRESS | 323 EUREKA TERRACE | | 3 STREET ADDRESS |
| CITY-ST-ZIP | STAMFORD CT | | 4 CITY-ST-ZIP |
| TITLE | V | ☐ DELETE | 4 TITLE ☐ Change ☐ Addition |
| NAME | FALCO, FRANK A. | | 4 NAME |
| STREET ADDRESS | 201 CURTIS AVE. | | 4 STREET ADDRESS |
| CITY-ST-ZIP | PT PLEASANT BEACH NJ | | 4 CITY-ST-ZIP |
| TITLE | | ☐ DELETE | 5 TITLE ☐ Change ☐ Addition |
| NAME | | | 5 NAME |
| STREET ADDRESS | | | 5 STREET ADDRESS |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP |
| TITLE | | ☐ DELETE | 6 TITLE ☐ Change ☐ Addition |
| NAME | | | 6 NAME |
| STREET ADDRESS | | | 6 STREET ADDRESS |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP |

14. 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 12 or Block 13 with an address, with the exception of the initial report.

**SIGNATURE:** President 3-29-96 (908) 390-9550

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

CR2E034 (12/95)