

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90272 032 \*\*\*150.00

**DOCUMENT # F00000001656**

1. Entity Name  
**REISS REMEDIATION, INC.**

Principal Place of Business  
**4111 EAST 37TH STREET NORTH  
 WICHITA KS 67220**

Mailing Address  
**4111 EAST 37TH STREET NORTH P.O. BOX  
 WICHITA KS 67220-2256  
 67201-2256**

2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 2256**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WICHITA, KANSAS**

4. FEI Number  
**48-1097494**

Applied For  
 Not Applicable

Zip Country Zip Country  
**67201-2256 SEDGWICK**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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.

SIGNATURE *[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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGNELL, LARRY D</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>ANGELL, LARRY D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DURKIN, TIMOTHY A</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CALDWELL, H. ALLAN</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HEY, MARILYN</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST TREASURER</b> <b>JILL A. BRYANT</b> <b>4111 EAST 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SMITH, NANCY J</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DISHMAN, DAVID E</b> <b>4111 EAST 37TH STREET NORTH</b> <b>WICHITA KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JILL A. BRYANT ASST. TREASURER**

**4-25-02 316-828-2967**  
 Date Daytime Phone #

CR2E034 (9/01)

Attach#

04/25/2002

F00000001656

**Annual Report Officer Template**

**Reiss Remediation, Inc.**

<u>Director</u>	<u>Title</u>
Larry D. Angell	Director
Stuart Brown	Director
Timothy A. Durkin	Director
A. F. Pope	Director
Daniel J. Stecklein	Director
Christopher M. Wilkins	Director

**Street Address**  
**4111 E. 37th St. North**  
**Wichita, KS 67220**

<u>Officer</u>	<u>Title</u>
Larry D. Angell	President
Timothy A. Durkin	Vice President
H. Allan Caldwell	Secretary
Nancy J. Smith	Assistant Secretary
David Earl Dishman	Treasurer
Jill A. Bryant	Assistant Treasurer
Steven John Feilmeier	Assistant Treasurer
Jim Keller	Assistant Treasurer

Larry D. Angell

SS Number: 585-34-7738

Stuart Brown

SS Number: 527-04-8659

Timothy A. Durkin

SS Number: 374-56-1781

A. F. Pope

SS Number: 155-34-5142

Daniel J. Stecklein

SS Number: 514-54-8151

Christopher M. Wilkins

SS Number: 512-64-1722

H. Allan Caldwell

SS Number: 510-44-5737

Nancy J. Smith

SS Number: 509-50-9249

David Earl Dishman

SS Number: 460-19-2048

ATTACH#

04/25/2002

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**Annual Report Officer Template**

Jill A. Bryant

SS Number: 509-66-9631

Steven John Feilmeier

SS Number: 506-70-7998

Jim Keller

SS Number: 446-56-0375