

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90012 005 \*\*\*150.00

**DOCUMENT # F01000001606**

1. Entity Name  
**Q.E.D. ENVIRONMENTAL SYSTEMS, INC.**



Principal Place of Business  
**6095 JACKSON ROAD  
ANN ARBOR, MI 48103**

Mailing Address  
**6095 JACKSON ROAD  
ANN ARBOR, MI 48103**

**40043946**



03212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>38-2429541</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		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. 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JANNETTA, RACHEL B 580 VIRGINIA DRIVE, SUITE 300 FT. WASHINGTON, PA 19034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>455 Pennsylvania Ave., Ste 205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, MICHAEL 6095 JACKSON ROAD ANN ARBOR, MI 48103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C/S/CEO Thomas R. Barr 122 Lyman St. Asheville NC 28801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO COLLINS-WILLEMAILE, HEATHER 566 HERNANDO DR MARCO, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>455 Pennsylvania Ave., Ste 205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, KENNETH J 580 VIRGINIA DRIVE, SUITE 300 FT. WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/AS John Hedge 122 Lyman St. Asheville NC 28801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEVENS, ADELE A 580 VIRGINIA DRIVE, SUITE 300 FT. WASHINGTON, PA 19034 <input checked="" 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	D WHEATSTONE, KEITH 580 VIRGINIA DR, STE 300 FT. WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael Barr* **3-26-07** **(734) 995-2547**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #