

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000002025	
1. Entity Name GROUNDWATER AND ENVIRONMENTAL SERVICES, INC.	
Principal Place of Business 4400 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 19341-2577	Mailing Address 4400 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 19341-2577



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2335424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KULL, ANTHONY A 1340 CAMPUS PARKWAY NEPTUNE, NJ 07753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, BARRY L 410 EAGLEVIEW BLVD STE 100 EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN Woudenberg, EDWARD 1340 CAMPUS PARKWAY NEPTUNE, NJ 07753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEMON, MICHAEL F 410 EAGLEVIEW BLVD., STE. 100 EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHISMAN, CHARLES 410 EAGLEVIEW BLVD., STE 100 EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHISMAN, CHARLES III 410 EAGLEVIEW BLVD STE 100 EXTON, PA 19341

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01/09/07-20026-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Lemon 2-1-07 458-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #