## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000002025

Entity Name: GROUNDWATER AND ENVIRONMENTAL SERVICES, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4400 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 193412577				440 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 19341			
Current Mailing Address:				New Mailing Address:			
4400 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 193412577			440 CREAMERY WAY SUITE 500 - LEGAL DEPT. EXTON, PA 19341				
FEI Number: 2	23-2335424	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Statu	s Desired()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US  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:							
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () C KULL, ANTHONY 1340 CAMPUS PA NEPTUNE, NJ 07	ARKWAY		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () D MYERS, BARRY 410 EAGLEVIEW EXTON, PA 1934	BLVD STE 100		Title: Name: Address: City-St-Zip:	MYERS, BARR	RY WAY SUITE 500	
Title: Name: Address: City-St-Zip:	P () C VAN WOUDENBE 1340 CAMPUS PA NEPTUNE, NJ 07	ARKWAY		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CFO () C LEMON, MICHAE 410 EAGLEVIEW EXTON, PA 1934	L F BLVD., STE. 100		Title: Name: Address: City-St-Zip:	LEMON, MICH	RY WAY SUITE 500	
Title: Name: Address: City-St-Zip:	VP () C WHISMAN, CHAR 410 EAGLEVIEW EXTON, PA 1934	BLVD., STE 100		Title: Name: Address: City-St-Zip:	WHISMAN, CH	RY WAY SUITE 500	
Title: Name: Address: City-St-Zip:	VP () C WHISMAN, CHAR 410 EAGLEVIEW EXTON, PA 1934	BLVD STE 100		Title: Name: Address: City-St-Zip:	WHISMAN, CH	RY WAY SUITE 500	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F LEMON CFO 01/06/2009