



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 046 ***158.75

DOCUMENT # F07000001551 1. Entity Name ENVIRONMENT-ONE CORPORATION					
Principal Place of Business 2773 BALLTOWN RD. NISKAYUN, NY 12309-1090			Mailing Address 2773 BALLTOWN RD. NISKAYUN, NY 12309-1090		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172008 Chg-P CR2E034 (12/06)	
4. FEI Number 14-1505298				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO DONEGAN, MARK <input type="checkbox"/> Delete 4650 SW MACADAM AVE., STE. 400 PORTLAND, OR 97239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVCF LARASON, WILLIAM D. <input type="checkbox"/> Delete 4650 SW MACADAM AVE., STE. 400 PORTLAND, OR 97239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONKOL, DENNIS L. <input checked="" type="checkbox"/> Delete N19 W24075 RIVERWOOD DR., STE. 220 WAUKESHA, WI 53072		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Group President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stockton, Dan 5331 Dixie Highway Waterford MI 48329	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WELSH, PHILIP <input checked="" type="checkbox"/> Delete 2773 BALLTOWN RD. NISKAYUN, NY 123091090		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Earle George 2773 Balltown Road Niskayuna NY 12309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS COOKE, ROGER A. <input type="checkbox"/> Delete 4650 SW MACADAM AVE., STE. 400 PORTLAND, OR 97239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FISHEL, JAMES L. <input checked="" type="checkbox"/> Delete N19 W24075 RIVERWOOD DR., STE. 220 WAUKESHA, WI 53072		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Group Operations Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hugulett, John 5331 Dixie Highway Waterford MI 48329	
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: 			1/17/08 518-579-3083		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		