

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90054 025 ***150.00

DOCUMENT # F92000000593

1. Entity Name

DANIS ENVIRONMENTAL INDUSTRIES, INC.

Principal Place of Business

**2 RIVERPLACE
 SUITE 200
 DAYTON OH 45405
 US**

Mailing Address

**P O BOX 1510
 DAYTON OH 45401
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1361002**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 2001 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 **PCEO** ☐ Delete
 NAME **THOMAS J DANIS**
 STREET ADDRESS **2 RIVERPLACE, SUITE 400**
 CITY-ST-ZIP **DAYTON OH 45405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☐ Delete
 NAME **SEIFRIED, GEORGE C**
 STREET ADDRESS **2 RIVERPLACE, SUITE 200**
 CITY-ST-ZIP **DAYTON OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☒ Delete
 NAME **MC SWINEY, RONALD**
 STREET ADDRESS **448 STINE HAVEN ROAD**
 CITY-ST-ZIP **DAYTON OH 45429**

TITLE **SECRETARY & DIRECTOR** ☐ Change ☒ Addition
 NAME **GREGORY MC CANN**
 STREET ADDRESS **480 CHATHAM DRIVE**
 CITY-ST-ZIP **KETTERING, OH 45429**

TITLE **VAS** ☐ Delete
 NAME **DOYLE, MICHAEL M**
 STREET ADDRESS **2 RIVERPLACE, SUITE 200**
 CITY-ST-ZIP **DAYTON OH 45405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VAS** ☐ Delete
 NAME **MONTGOMERY, JAMES S**
 STREET ADDRESS **2 RIVERPLACE, SUITE 200**
 CITY-ST-ZIP **DAYTON OH 45405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **REARICH, ROSALIE A**
 STREET ADDRESS **375 COPPER BEACH CT**
 CITY-ST-ZIP **CENTORVILLE OH 45459**

TITLE ☒ Change ☐ Addition
 NAME **GEHRICH, ROSALIE A.**
 STREET ADDRESS
 CITY-ST-ZIP

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: **X Rosalie Gehrich**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSALIE A GEHRICH

1/31/2001

937.228.4141
 Daytime Phone #

CR2E034 (10/00)