

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90214 037 ***150.00

0648219 AT

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
2 Riverplace

3. Mailing Address
2 Riverplace

Suite, Apt. #, etc.
Suite 466

Suite, Apt. #, etc.
Suite 466

City & State
Dayton, OH

City & State
Dayton, OH

Zip
45405

Country
US

Zip
45405

Country
US

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	CEO THOMAS J DANIS 2 RIVERPLACE, SUITE 400 DAYTON OH 45405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SEIFRIED, GEORGE C 2 RIVERPLACE, SUITE 200 DAYTON OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCANN, GREGORY 480 CHATHAM DRIVE KETTERIN G OH 45429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DOYLE, MICHAEL M 2 RIVERPLACE, SUITE 200 DAYTON OH 45405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MONTGOMERY, JAMES S 2 RIVERPLACE, SUITE 200 DAYTON OH 45405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEHRICH, ROSALIE A 375 COPPER BEACH CT CENTORVILLE OH 45459	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Executive Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
President John P. Bass 1120 Elm Creek Circle Dayton, OH 45458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date _____ Daytime Phone # _____

CR2E034 (10/02)