

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004904 (9)

1. Corporation Name

KROLL ENVIRONMENTAL ENTERPRISES, INC.

Principal Place of Business

181 HARBOR DR  
STAMFORD CT 06904  
US

Mailing Address

900 THIRD AVE  
NEW YORK NY 10022



3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

04/12/1995

4. FEI Number

06-1381390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when new listing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

C

☐ DELETE

NAME

KROLL, JULES B  
PARSONAGE POINT  
RYE NY

STREET ADDRESS

CITY-ST-ZIP

TITLE

DP

☐ DELETE

NAME

HEDGE, ARTHUR J JR  
442 HULLS FARM RD  
SOUTHPORT CT

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

MCGUIRE, ROBERT J  
1085 PARK AVE  
NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ROSETTI, JOSEPH R  
39 CAVALRY RD  
WESTON CT

STREET ADDRESS

CITY-ST-ZIP

TITLE

AS

☒ DELETE

NAME

FRASER, ALLISON K  
33 G PUTNAM GREEN  
GREENWICH CT

STREET ADDRESS

CITY-ST-ZIP

TITLE

VMDT

☐ DELETE

NAME

PACIOTTI, NAZZARENO E  
900 THIRD AVENUE  
NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VIMDIS  
David L. Dick  
437 Eight Street  
Brooklyn, NY 11215  
VITIMDIAS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)