FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000972 (9)

1. Corporation Name

MATRIX ENVIRONMENTAL TECHNOLOGIES (SOUTHEAST), INC.

Principal Place of Business	Mailing Address
P.O. BOX 16475 TAMPA FL 33687-6475	P.O. BOX 16475 TAMPA FL 33687-6475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 15310 Amberly Drive	26
Suite, Apt #, etc: 22 Suite 250 #20	Suite, Apt #, etc: 27
City & State: 23 Tampa FL	City & State: 28
Zip: 24 33647 — Country: 25 USA	Zip: 29 — Country: 30

4. FEI Number: 56-1778847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCOMMONS, DIANNE
15310 AMBERLY DR.
SUITE 250
TAMPA FL 33687-6475

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 Suite 250 #20
84 City: FL 85 Zip Code: 33647

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANFORTH, MICHAEL T
STREET ADDRESS	4424 TAGGART CREEK RD.
CITY ST ZIP	CHARLOTTE NC 28266-8163
TITLE	S
NAME	HENDERSON, THOMAS A
STREET ADDRESS	8461 OLD RIDGE RD.
CITY ST ZIP	ALTON NY 14413-0408
TITLE	T
NAME	GRAEPER, DAVID W
STREET ADDRESS	8461 OLD RIDGE RD.
CITY ST ZIP	ALTON NY 14413-0408
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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	Charlotte NC 28208	
2 1 TITLE	Vice President	☒ Change ☐ Addition
2 2 NAME	Sean R. Carter	
2 3 STREET ADDRESS	8461 Old Ridge Road	
2 4 CITY ST ZIP	Alton NY 14413	
3 1 TITLE	Secretary	☒ Change ☐ Addition
3 2 NAME	Danielle L. Lake	
3 3 STREET ADDRESS	4424 Taggart Creek Road	
3 4 CITY ST ZIP	Charlotte NC 28208	
4 1 TITLE	Treasurer	☒ Change ☐ Addition
4 2 NAME	Michael T. Stanforth	
4 3 STREET ADDRESS	4424 Taggart Creek Road	
4 4 CITY ST ZIP	Charlotte NC 28208	
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		

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: Mike Stanforth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/95 Date — (704) 392-9242 Daytime Phone #

0444800 FP