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 MAR -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001135 (2)

1. Corporation Name
ENVIREX INC.

Principal Place of Business	Mailing Address
PO BOX 1604 WAUKESHA WI 53187-1604	PO BOX 1604 WAUKESHA WI 53187-1604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1901 S. Prairie Ave
22 Suite, Apt. #, etc.
23 City & State: WAUKESHA, WI
24 Zip: 53186-7360 25 Country: WAUKESHA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 34-1545942 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	Director	☒ Change ☒ Addition
NAME	ROSS, CHET S	1.2 NAME	Byrne, PAUL J.	
STREET ADDRESS	214 CARNEGIE CENTER, SUITE 302	1.3 STREET ADDRESS	1901 S. PRAIRIE AVE.	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	WAUKESHA, WI 53186-7360	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FOX, ALAN G	2.2 NAME		
STREET ADDRESS	OAKLAND HOUSE, 11TH FLOOR, TALBOT RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER UNITED KINGDOM	2.4 CITY-ST-ZIP		
TITLE	PTD	3.1 TITLE		☐ Change ☐ Addition
NAME	SAFFRAN, EDWARD P	3.2 NAME		
STREET ADDRESS	1901 S. PRAIRIE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	Vice President	☒ Change ☒ Addition
NAME	GROSZ, ROBERT B	4.2 NAME	Baumann, Peter G.	
STREET ADDRESS	1901 S. PRAIRIE AVE	4.3 STREET ADDRESS	1901 S. PRAIRIE AVE.	
CITY-ST-ZIP	WAUKESHA WI	4.4 CITY-ST-ZIP	WAUKESHA, WI 53186-7360	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	DREWEK, KATHERINE M	5.2 NAME		
STREET ADDRESS	1901 S. PRAIRIE AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Vice President, Controller, Asst. Secy, Asst. Treas.	☐ Change ☒ Addition
NAME		6.2 NAME	KRUEGER, PAUL A.	
STREET ADDRESS		6.3 STREET ADDRESS	1901 S. PRAIRIE AVE.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WAUKESHA, WI 53186-7360	

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)(i), 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: Katherine M. Drewek 2/15/95 414-521-8504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHERINE M. DREWEK, Secretary