

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY -1 PM 1:43

DOCUMENT # F94000001311 (9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAI ENVIRONMENTAL, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business ONE NORTHBROOK PL. 5 REVERE DR., SUITE 310 NORTHBROOK IL 60062		2a. Mailed Address ONE NORTHBROOK PL. 5 REVERE DR., SUITE 310 NORTHBROOK IL 60062		3. Date of Incorporation or Qualification 03/15/1994	3a. Date of Last Report
2. Principal Place of Business 21. State 22. City & State 23. Country	2a. Mailed Address 26. State 27. City & State 28. Country	4. FFI Number 36-3485722	Agreed For Not Applicable		
24. State	25. Country	29. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Paid Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. State	25. Country	29. Country	6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent PALIK, THOMAS F 406 REQ ST. SUITE 127 TAMPA FL 33609		10. Name and Address of New Registered Agent 81. Name PUCKETT, JOHN 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registrars, 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 responsibilities as set forth in the Florida Statutes.

SIGNATURE: *John Puckett* JOHN PUCKETT April 28, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P DEPAUL, FRANK T 2. STREET ADDRESS 4471 ST. TROPEZ CT. 3. CITY & STATE HIGHLAND PARK IL 60035	1. NAME 2. STREET ADDRESS 3. CITY & STATE	1. NAME 2. STREET ADDRESS 3. CITY & STATE	1. NAME 2. STREET ADDRESS 3. CITY & STATE
4. NAME S DEPAUL, CHERYL 2. STREET ADDRESS 4471 ST. TROPEZ CT. 3. CITY & STATE HIGHLAND PARK IL 60035	4. NAME 5. STREET ADDRESS 6. CITY & STATE	4. NAME 5. STREET ADDRESS 6. CITY & STATE	4. NAME 5. STREET ADDRESS 6. CITY & STATE
7. NAME 8. STREET ADDRESS 9. CITY & STATE	7. NAME 8. STREET ADDRESS 9. CITY & STATE	7. NAME 8. STREET ADDRESS 9. CITY & STATE	7. NAME 8. STREET ADDRESS 9. CITY & STATE
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19. NAME 20. STREET ADDRESS 21. CITY & STATE	19. NAME 20. STREET ADDRESS 21. CITY & STATE	19. NAME 20. STREET ADDRESS 21. CITY & STATE	19. NAME 20. STREET ADDRESS 21. CITY & STATE
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97. NAME 98. STREET ADDRESS 99. CITY & STATE	97. NAME 98. STREET ADDRESS 99. CITY & STATE	97. NAME 98. STREET ADDRESS 99. CITY & STATE	97. NAME 98. STREET ADDRESS 99. CITY & STATE
100. NAME 101. STREET ADDRESS 102. CITY & STATE	100. NAME 101. STREET ADDRESS 102. CITY & STATE	100. NAME 101. STREET ADDRESS 102. CITY & STATE	100. NAME 101. STREET ADDRESS 102. CITY & STATE

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that the same is true and correct as of the date of filing of this report. I am familiar with and accept the responsibilities as set forth in the Florida Statutes.

SIGNATURE: *Frank T. DePaul* FRANK T. DePAUL April 27, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR