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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F94000003244 (0)**

1. Corporation Name  
**USA REMEDIATION SERVICES, INC.**



Principal Place of Business  
**6583 MERCHANT PLACE  
SUITE 303  
GAINESVILLE VA 22065**

Mailing Address  
**6583 MERCHANT PLACE  
SUITE 303  
GAINESVILLE VA 22065**

3. Date Incorporated or Qualified <b>06/21/1994</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>54-1571399</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Warrenton VA**

28 **Warrenton VA**

24 **VA** 20187 25 Country

29 **20187** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, JEFFREY A</b>	
STREET ADDRESS	<b>7281 WINDSOR CT</b>	
CITY - ST - ZIP	<b>WARRENTON VA 22186</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, VICTORIA L</b>	
STREET ADDRESS	<b>7281 WINDSOR CT</b>	
CITY - ST - ZIP	<b>WARRENTON VA 22186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IZARD, II, JAMES J</b>	
STREET ADDRESS	<b>P.O. BOX 6835, N/A</b>	
CITY - ST - ZIP	<b>CHESAPEAKE VA 23323</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IZARD, W. BOLLING</b>	
STREET ADDRESS	<b>3 FURZEGROUND WAY</b>	
CITY - ST - ZIP	<b>STOCKLEY PARK, MIDDLESEX UB 1DR -UK</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SUCHAR, THEODORE J</b>	
STREET ADDRESS	<b>1 MANTLE DRIVE</b>	
CITY - ST - ZIP	<b>WHITESBORO NY 13492</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WANDLEY, ALAN E</b>	
STREET ADDRESS	<b>1 MANTLE DRIVE</b>	
CITY - ST - ZIP	<b>WHITESBORO NY 13492</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Jeffrey A. Sullivan** 3-3-97 540-349-4168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)