

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-22-2001 90008 012 ***150.00

DOCUMENT # F94000003479

1. Entity Name

ET ENVIRONMENTAL CORPORATION

Principal Place of Business

Mailing Address

3424 Peachtree Rd, NE
 Atlanta, GA 30326

c/o TURNER CORPORATION
 375 Hudson St.
 New York, NY 10014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3774375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

5107

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33304

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Dennis Gallagher	
STREET ADDRESS	2790 Mossdale Blvd.	
CITY-ST-ZIP	Monroeville, PA 15146-2792	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD MONTEUFFEL	
STREET ADDRESS	511 Walnut St	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH PELUSO	
STREET ADDRESS	ONE INTERNATIONAL BLVD. STE. 700	
CITY-ST-ZIP	Mahwah, NJ 07495	
TITLE	D, CEO, COB	<input type="checkbox"/> Delete
NAME	BOB MAXWELL	
STREET ADDRESS	460 W DUSSEL DR.	
CITY-ST-ZIP	Maumee, OH 43537	
TITLE	P	<input type="checkbox"/> Delete
NAME	Bill Higginbottom	
STREET ADDRESS	3424 Peachtree Rd. NE	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOWARD SZURLINSKI	
STREET ADDRESS	4526 ESTE Avenue	
CITY-ST-ZIP	Cincinnati, OH 45232	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)