FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # F94000003479 1. Entity Name ; ET ENVIRONMENTAL CORPORATION 05-01-2002 91484 043 ***150.00 Principal Place of Business Mailing Address 3424 PEACHTREE RD NE C/O TURNER CONSTRUCTION **STE 200** 375 HUDSON ST 7TH FLOOR ATLANTA GA 30326 NEW YORK NY 10014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3774375 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zin 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees .11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME MANTEUFFEL, RICHARD NAME ROBERT L. MAXWELL STREET ADDRESS 460 WEST DOLSSER DRIVE **511 WALNUT ST STE 2600** STREET ADDRESS CITY-ST-ZIP CINCINNATI OH 45202 CITY-ST-ZIP MHUMEE, 0H 43537 TITLE ☐ Delete TITLE Change Addition NAME PELUSO, RICH NAME DEMNIS GALLIGAN STREET ADDRESS ONE INTERNATIONAL BLVD., STE 700 STREET ADDRESS 2790 MOSSIDE BOULEVARD CITY-ST-7IP CITY-ST-ZIP MONROEVILLE, PA 15146-2792 MAHWAH NJ 07495 TITLE ☐ Delete TITLE ☐ Change ✓ Addition NAME WILLIAM HIGGINBOTHAM SHE PROLINE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 TITLE ☐ Delete ☐ Change Addition MARK BALLEW 3424 PEACHTREE Rol., NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Atlanta, GH 30306 TITLE 1P ☐ Delete TITLE ☐ Change **✓** Addition NAME NAME GARY EVE 230 SOUTH LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60404-1496 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME DONNA GRISWELL 3424 PEACHTREE RD., NE STREET ADDRESS STREET ADDRESS

ATLANTA, GA 30326 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 as 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

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