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Feb 12 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 # F94000006437 (7)

1. Corporation Name
EMCON, INC.

Principal Place of Business

1821 RINGWOOD AVE
SAN JOSE CA 95131-1721
US

Mailing Address

1821 RINGWOOD AVE
SAN JOSE CA 95131-1721
US



3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 03/01/1996
4. FEI Number 94-1738964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERSON, EUGENE M	1.2 NAME	Donald R. Andres
STREET ADDRESS	400 S. EL CAMINO REAL	1.3 STREET ADDRESS	1921 Ringwood Avenue
CITY - ST - ZIP	SAN MATEO CA 94402	1.4 CITY - ST - ZIP	San Jose, CA 95131
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTIER, H. LEE	2.2 NAME	Peter W. Clifford
STREET ADDRESS	400 S. EL CAMINO REAL	2.3 STREET ADDRESS	400 S. El Camino Real, Suite 1200
CITY - ST - ZIP	SAN MATEO CA 94402	2.4 CITY - ST - ZIP	San Mateo, Ca 94402
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTYN, MOLLIE C	3.2 NAME	Richard Peluso
STREET ADDRESS	400 S. EL CAMINO REAL	3.3 STREET ADDRESS	One International Plaza, Suite 700
CITY - ST - ZIP	SAN MATEO CA 94402	3.4 CITY - ST - ZIP	Mahwah, NJ 07495
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOMBOISSE, R. MICHAEL	4.2 NAME	Jack M. Marzluff
STREET ADDRESS	400 S. EL CAMINO REAL	4.3 STREET ADDRESS	185 Front Street, Suite 108
CITY - ST - ZIP	SAN MATEO CA 94402	4.4 CITY - ST - ZIP	Danville, CA 94526
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, THORLEY D	5.2 NAME	Douglas P. Crane
STREET ADDRESS	400 S. EL CAMINO REAL	5.3 STREET ADDRESS	1720 Avenida Del Mundo
CITY - ST - ZIP	SAN MATEO CA 94402	5.4 CITY - ST - ZIP	Coronado, CA 92118-3033
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, JR. E L.	6.2 NAME	Peter Vardy
STREET ADDRESS	8021 PHILLIPS HIGHWAY, STE 12	6.3 STREET ADDRESS	333 W. Wacker Drive, #700
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	Chicago, IL 60606

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: Donald R. Andres **REQUIRED** Vice President 1/10/97 (408) 453-7300
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)