

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 006 ***150.00

DOCUMENT # F94000006437

1. Corporation Name
EMCON, INC.

Principal Place of Business
1921 RINGWOOD AVE
SAN JOSE CA 95131-1721
US

Mailing Address
1921 RINGWOOD AVE
SAN JOSE CA 95131-1721
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1994

4. FEI Number

94-1738964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

☐ DELETE

TITLE PD
NAME HERSON, EUGENE M
STREET ADDRESS 400 S. EL CAMINO REAL
CITY-ST-ZIP SAN MATEO CA 94402

TITLE VP
NAME MCENTEE, GARY O.
STREET ADDRESS CROSSROADS CORP. CENTER, 1 INT'L BLVD #700
CITY-ST-ZIP MAHWAH NJ 07495

TITLE VD
NAME ANDRES, DONALD R
STREET ADDRESS 1921 RINGWOOD AVE.
CITY-ST-ZIP SAN JOSE CA

TITLE T
NAME MOMBOISSE, R. MICHAEL
STREET ADDRESS 400 S. EL CAMINO REAL
CITY-ST-ZIP SAN MATEO CA 94402

TITLE AS
NAME BAKER, ADRIENNE
STREET ADDRESS 1921 RINGWOOD AVE
CITY-ST-ZIP SAN JOSE CA 95131

TITLE COB
NAME CRANE, DOUGLAS P.
STREET ADDRESS 400 S EL CAMINO REAL, STE 1200
CITY-ST-ZIP SAN MATEO CA 94402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Vincent Franceschi
1921 RINGWOOD AVE
SAN JOSE, CA 95131

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Vincent Franceschi / Vincent Franceschi

4/7/99

408-453-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0560196