

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006437

1. Entity Name

EMCON, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90020 040 ***150.00

0014327

Principal Place of Business

Mailing Address

2790 MOSSIDE BLVD
MONROEVILLE PA 15146
US

2790 MOSSIDE BLVD
MONROEVILLE PA 15146
US

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

94-1738964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPROATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ Delete
NAME DELUCA, ANTHONY J
STREET ADDRESS 1401 K STR NE, SUITE 801
CITY-ST-ZIP WASHINGTON DC 20005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME REDWINE, JAMES M
STREET ADDRESS 2790 MOSSIDE BLVD
CITY-ST-ZIP MONROEVILLE PA 15146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CONTE, RICHARD R
STREET ADDRESS 2790 MOSSIDE BLVD
CITY-ST-ZIP MONROEVILLE PA 15146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME PIERSON, JAMES J
STREET ADDRESS 2790 MOSSIDE BLVD
CITY-ST-ZIP MONROEVILLE PA 15146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME KIRK, JAMES G
STREET ADDRESS 2790 MOSSIDE BLVD
CITY-ST-ZIP MONROEVILLE PA 15146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PELUSO, RICHARD A
STREET ADDRESS ONE INTERNATIONAL BLVD, STE 700
CITY-ST-ZIP MAHWAH NJ 07495

TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01
Date

412-858-1536
Daytime Phone #

CR2E034 (10/00)