

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006437

Entity Name
EMCON, INC.



FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90115 015 ***150.00

Principal Place of Business
2790 MOSSIDE BLVD
MONROEVILLE PA 15146
US

Mailing Address
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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, FRANCIS J | |
| STREET ADDRESS | 2790 MOSSIDE BLVD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | REDWINE, JAMES M | |
| STREET ADDRESS | 2790 MOSSIDE BLVD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CONTE, RICHARD R | |
| STREET ADDRESS | 2790 MOSSIDE BLVD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | PIERSON, JAMES J | |
| STREET ADDRESS | 2790 MOSSIDE BLVD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| TITLE | DVS | <input checked="" type="checkbox"/> Delete |
| NAME | KIRK, JAMES G | |
| STREET ADDRESS | 2790 MOSSIDE BLVD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | PELUSO, RICHARD A | |
| STREET ADDRESS | ONE INTERNATIONAL BLVD, STE 700 | |
| CITY-ST-ZIP | MAHWAH NJ 07495 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | SENIOR VICE PRESIDENT / CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRY J. SOOSE, JR. | |
| STREET ADDRESS | 2790 MOSSIDE BOULEVARD | |
| CITY-ST-ZIP | MONROEVILLE, PA 15146 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANK C. RICE | |
| STREET ADDRESS | 2790 MOSSIDE BOULEVARD | |
| CITY-ST-ZIP | MONROEVILLE PA 15146 | |
| 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 | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry J. Soose, Jr.* HARRY J. SOOSE, JR. 2/13/03 412-380-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #