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

PROFIT CORPORATION ANNUAL REPORT

1997

0-11-ST-2iP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000164 (2)

THOMSON ENVIRONMENTAL NETWORK, INC.

| Principal Place of Business 4025 WETHERBURN WAY SUITE 200 | | Mailing Address | | | | r spånning ring kings grigt open deriv betir betir deriv desk derer vidin drivt arer herr | | | |
|---|---|--|-------------------------|------------|---|--|-----------------------------|-----------------------------------|------------|
| | | 4025 WETHERBURN WAY SUITE 200 | | | | | | | |
| NORCROSS G/ | A 30092 | NORCROSS GA 30092-4610 | | | | 3. Date Incorporated or Qualified 01/11/1995 | | te of Last R 26/1996 | leport |
| 2. Principal f 21 | Place of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 58-2058381 | · · · · · · · · · · · · · · | oplied For ot Applicable | |
| Suite, Apt | #, etc | ├ ── ' | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| Oity & Stat | te | City & State | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe | | | | |
| Zıp | Country | Zip | Cour | itry | | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | | 30 | _ | | | | No | |
| | 9. Name and Address of Curr | ent Registered Agent | | | | 10. Name and Address of New Re | gistered A | Agent | |
| | ski, arthur | | | B1 | Name | | | | |
| | O NW BOCA RATON BLVD | | | 82 | Street Ad | Idress (P.O. Box Number is Not Acceptab | le) | | · |
| вос | CA RATON FL 33431 | | - | 83 | | | · | | |
| | | | ļ. | 84 | City | | FL | 85 Zip | Code |
| office or i | registered agent for both, in the Sta am familiar with, and accept the ob- | ite of Florida. Such change was a igations of, Section 607.0505, Flor | uthorized rida Statu | by ites | the corpor | orporation submits this statement for the pration's board of directors. I hereby acceptions when renstating) | ot the app | ointment as | registered |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | RS IN 12 |
| TITLE | P | DELETE 1 | | 1.1 TITLE | | | | Change | Addition |
| NAME | THOMSON, REBECCA P | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | AGOS MEST IEDDI IDAL MAY C | UITE 200 | 1.3 STE | REET. | address | | | | |
| CITY - S* - ZIP | NORCROSS GA 30092 | | 1.4 CIT | | | | | | * |
| TITLE | ST | DELETE | 2.1 TiTt | | | | | Change | Additio |
| NAME | THOMSON, RAYMOND P | | 2.2 NAME | | | | | | |
| STREET ADDRESS | SS 4025 WETHERBURN WAY, SUITE 260 | | 23 STREE | | ADDRESS | | | | |
| CITY - ST - ZIP | NORCROSS GA 30092 | | 2 4 CI | Y-\$ | T-ZIP | | | | |
| TITLE | 744 | DELETE | 3 1 TIT | | | | | Change | Addition |
| NAME | | | 3 2 NA) | ME | ļ | | | | |
| STREET ADDRESS | | | 3 3 5 TF | 133F | ADDRESS | | | | |
| CITY-ST 7P | | | 3.4. C(1 | Y - S | T-ZIP | | | | |
| HILE | | ☐ DELETE | 4.1 TH | LE | | | · | Change | Addition |
| NAME | | | 4. 2 NA | ME | ļ | | | | |
| STREET ADDRESS | | | 4.3 STF | REET | ADDRESS | | | | |
| CITY- ST-ZIP | | | 4.4 CI1 | | T-ZIP | | | | |
| TITLE | | DELETE | 5.1 T(T) | LE | | | | Change | Addition |
| NAME | | | 5.2 NAI | ME | ļ | | | | |
| STREET ADDRESS | | | 5.3 STF | REFT | ADDRESS | | | | |
| CITY - ST - ZIP | | | 5.4 CłT | Y-S | T-21P | | | - | |
| TITLE | | DELETE | 6 1 1 ITI | LE | - | | | Change | Additio |
| NAME | | | 6.2 NA | ME | İ | | | | |
| STREET ADDRESS | | | 6.3 STF | REET | ADDRESS | | | | |

6.4 CITY-ST-ZIP 14. Tab horeby 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, additionally in a supplemental annual report is true and accurate annuals report as required by Chapter 607, Florida Statutes, additionally in a supplemental annual report is true and accurate annuals report as required by Chapter 607, Florida Statutes, and a 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 office or of chapter 607, Florida Statutes. I further certify that the information indicated on this 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 of chapter 607, Florida Statutes. I further certify that the information indicated on this 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 of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver of the corporation or the