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Feb 18 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 # F95000000649 (2)

1. Corporation Name

PDG REMEDIATION, INC.



Principal Place of Business

2300 HIGHWAY 60 WEST  
MULBERRY FL

Mailing Address

2300 HIGHWAY 60 WEST  
MULBERRY FL 33860-8969

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 300 Oxford Drive  
Suite, Apt. #, etc.

22 Monroeville, PA  
City & State

23 15146 USA  
Zip Country

24 15146 25 USA  
Zip Country

2a. Mailing Address

26 300 Oxford Drive  
Suite, Apt. #, etc.

27 Monroeville, PA  
City & State

28 15146 USA  
Zip Country

29 15146 30 USA  
Zip Country

4. FEI Number

25-1741849

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MUSACCHIO, JOHN M	300 OXFORD DRIVE MONROEVILLE PA		<input type="checkbox"/>
AS	CHIAFULLO, JAMES D	1 RIVERFRONT CENTER PITTSBURGH PA		<input checked="" type="checkbox"/>
S	MAIRE, DULCIA	300 OXFORD DRIVE MONROEVILLE PA		<input checked="" type="checkbox"/>
T	CERCONE, ROSE M	300 OXFORD DRIVE MONROEVILLE PA		<input checked="" type="checkbox"/>
D	D'APPOLONIA, DAVID J	300 OXFORD DRIVE MONROEVILLE PA		<input checked="" type="checkbox"/>
D	BERKEY, EDGAR	300 OXFORD DRIVE MONROEVILLE PA		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Roy Zanatta	400 Burrard St Vancouver, BC Canada V6C 3A6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Michael Smith	400 Burrard St Vancouver, BC Canada V6C 3A6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Jimmy Lee	Brandschenke Strasse 64 Zurich, Switzerland 8002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Leonard Peterson	400 Burrard St Vancouver, BC Canada V6C 3A6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(412) 856-6100

0390322

CR2E034 (9/96)