


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

0555199

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

04-14-1999 90149 002 \*\*\*300.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F95000002357**

1. Corporation Name  
**ENVIROTEST SYSTEMS CORP.**

Principal Place of Business <b>246 SOBRANTE WAY SUNNYVALE CA 94086 US</b>	Mailing Address <b>246 SOBRANTE WAY SUNNYVALE CA 94086 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/15/1995</b>
4. FEI Number <b>36-2680300</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21 11 Kripes Rd</b>	2a. Mailing Address <b>26 11 Kripes Rd.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 E. Granby CT</b>	City & State <b>28 E. Granby CT</b>
Zip <b>24 06026-9720</b>	Zip <b>29 06026-9720</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT, CEO, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, F. ROBERT</b>		1.2 NAME <b>TERRENCE P. MCKENNA</b>	
STREET ADDRESS <b>246 SOBRANTE WAY</b>		1.3 STREET ADDRESS <b>11 Kripes Rd</b>	
CITY-ST-ZIP <b>SUNNYVALE CA 94086</b>		1.4 CITY-ST-ZIP <b>E. GRANBY, CT 06026-9720</b>	
TITLE <b>EV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>EVP AND DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, LARRY</b>		2.2 NAME <b>RINALDO TEDESCHI</b>	
STREET ADDRESS <b>246 SOBRANTE WAY</b>		2.3 STREET ADDRESS <b>11 Kripes Rd</b>	
CITY-ST-ZIP <b>SUNNYVALE CA 94086</b>		2.4 CITY-ST-ZIP <b>E. GRANBY, CT 06026-9720</b>	
TITLE <b>CFO</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>CFO DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MODI, RAJ</b>		3.2 NAME <b>DAVID J. LANGERIN</b>	
STREET ADDRESS <b>246 SOBRANTE WAY</b>		3.3 STREET ADDRESS <b>11 Kripes Rd.</b>	
CITY-ST-ZIP <b>SUNNYVALE CA 94086</b>		3.4 CITY-ST-ZIP <b>E. GRANBY, CT 06026-9720</b>	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DIRECTOR - CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVENPORT, CHESTER C</b>		4.2 NAME <b>ERIC WAITERS</b>	
STREET ADDRESS <b>6903 ROCKLEDGE DR STE 214</b>		4.3 STREET ADDRESS <b>11 Kripes Rd.</b>	
CITY-ST-ZIP <b>BETHESDA MD 20817</b>		4.4 CITY-ST-ZIP <b>E. GRANBY, CT 06026-9720</b>	
TITLE <b>VC</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GELFOND, RICHARD L</b>		5.2 NAME <b>SCOTT HARTMANN</b>	
STREET ADDRESS <b>110 EAST 59TH STREET, SUITE 2100</b>		5.3 STREET ADDRESS <b>11 Kripes Rd.</b>	
CITY-ST-ZIP <b>NEW YORK NY 10022</b>		5.4 CITY-ST-ZIP <b>E. GRANBY, CT 06026-9720</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUGGER, EDWARD III</b>		6.2 NAME	
STREET ADDRESS <b>711 ATLANTIC AVENUE, 3RD FLOOR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOSTON MA 02111</b>		6.4 CITY-ST-ZIP	

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:

*Scott Hartmann* SECRETARY SCOTT HARTMANN

3/29/99

846 653-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)