FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name F95000004963 (3) HYDROSCIENCE WATER RESOURCES CONSULTANTS LTD., I

NC.

Mailing Address Principal Place of Business 1613 GATES DRIVE 1613 GATES DRIVE **RANTOUL IL 61866** RANTOUL IL 61866



3. Date Incorporated or Qualified 10/12/1995

3a. Date of Last Report

2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 37-1327985		h	pplied For ot Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 in Added to			
Zip 24	Country Zip		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren		lJ		10. Name and Address of New R	egistered A	gent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105 TALLAHASSEE FL 32301			83					
			84	City	FL 85 Zip Code			
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric n, and accept the obligations of, Secti Sgrature, typed or printed have of registered egent	ta: Such change was authorizen 607,0505, Florida Statutes architic Lapplicable (No.	red by the corp 3. D16: Registered Agen	oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appoint internity and the accept the appoint accept the appoint accept the appoint accept the acceptance the ac	DATE	egistered :	agent ram
12.	OFFICERS AND		13.	- ····	ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	PCD	DELETE	1. 1 3 ITLE			<u> </u>	, спануе	L] KOOMON
NAME	TARTE, SHEILA L		1.2 NAME					
STREET ADDRESS	1613 GATES DRIVE		13 STREET					
CITY-ST-ZIP	RANTOUL IL		1.4 CHTY - S	II-ZIP Kan	rtoul,16 61866		Character Contract	
TITLÉ	VD _	DELETE	2. 1 TITLE			<u>V</u>	Change	Addition
NAME	Tarte, Stephen R		2.2 NAME					
STREET ADDRESS	1613 GATES DRIVE		2 3 S*REE1		4.00			
CITY-ST-ZIP	RANTOUL IL		2.4 City-5		ntoul, 12 61866		<i>(</i>	
TITLE	VSTD	☐ DELETE	3. 1 TITLE	ું ક	T'D	Ŋ	Change	Addition
NAME	SCHMIDT, SHELLY J		3.2 NAME		•			
STREET ADDRESS	1613 GATES DRIVE		3.3. STREE	TADDRESS 91	6 County Rd 1000E			
CITY-ST-ZiP	rantoul II.		3.4 CiTY-5	ST-ZIP TO	10no, 14 61880			
THLE	D	☐ DELETE	4 1 TITLE	VZ	• ·	N	J Charige	Addition
NAME	SCHMIDT P.E., ARTHUR R		4.2 NAME					
STREET ADDRESS	916 COUNTY ROAD		4.3 STREE	ADDRESS 910	County Rd 1000 E			
CITY-ST-ZIP	EAST TOLONO IL		4.4 CITY-	ST-ZIP To	lono, IL 61880			
TITLE		☐ DELETE	5. 1 TITLE] Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	r address				
			5.4 CITY -	ST - ZIF				
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CITY-ST-ZIP TITLE		DELETE	6 1 11TLE 6 2 NAME			<u> </u>	J	
CITY-ST-ZIP TITLE NAME		DELETE	62 NAME	1 ADDRESS		_	J •······g··	
CITY-ST-ZIP TITLE		DELETE	62 NAME	1 ADDRESS		L	J	

certify that the information indicated on this annual report of supplemental amulai report is true and accurate and that my signature shall have the same legal effect as it made undo 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.

4/30/96 217-893-3461