

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005398

1. Entity Name
JE REMEDIATION TECHNOLOGIES, INC.



Principal Place of Business
**1111 S ARROYO PARKWAY
PASADENA, CA 91105 US**

Mailing Address
**P.O. BOX 7084
PASADENA, CA 91109-7084 US**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-1974110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDRY, GREG J
STREET ADDRESS	5995 ROGERDALE RD
CITY-ST-ZIP	HOUSTON, TX 77072
TITLE	D
NAME	SADOFF, LAURANCE R
STREET ADDRESS	5995 ROGERDALE RD.
CITY-ST-ZIP	HOUSTON, TX 77072
TITLE	D
NAME	HAMMOND, THOMAS R
STREET ADDRESS	1111 S ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105
TITLE	PD
NAME	THACH, CARY S
STREET ADDRESS	5995 ROGERDALE RD.
CITY-ST-ZIP	HOUSTON, TX 77072
TITLE	T
NAME	PROSSER, J.W. JR.
STREET ADDRESS	1111 S ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105
TITLE	S
NAME	MARKLEY, W.C. III
STREET ADDRESS	1111 S ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105

UD0000357145
05/04/05-80063-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John W. Prosser Jr.

04/25/2005

(626) 578 350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #