2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # F96000002526 1. Entity Name ENVIRONMENTAL MONITORING COMPANY, INC. 04-02-2001 90075 031 ***150.00 Principal Place of Business Mailing Address 183 PRADO RD. 183 PRADO RD. SAN LUIS OBISPO CA 93401 SAN LUIS OBISPO CA 93401 **U U U U U U** U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-3436033 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVE. TALLAHASSEE FL 32303 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDC ☐ Addition ☐ Delete TITLE TITLE HAYES, WILLIAM A NAME NAME 142 FLORIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PISMO BEACH CA 93449 ☐ Addition ☐ Delete ☐ Change TITLE TITLE HAYES, THELMA M NAME NAME STREET ADDRESS STREET ADDRESS 142 FLORIN ST. CITY-ST-ZIP CITY-ST-ZIP PISMO BEACH CA 93449 TITI F Delete Delete TITLE ☐ Change ☐ Addition HEGWOOD, JEFFREY R NAME NAME STREET ADDRESS 12396 WORLD TRADE DR #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 TITLE X Change ☐ Addition TITLE Delete BAYNHAM, CATHERINE NAME NAME 500 Madera Ave. STREET ADDRESS 1221 PEACH ST. STREET ADDRESS CITY-ST-7IP MORRO BAY CA 93407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 MAR 200 1 (805) 544-2037

FILED