

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

FILED

Feb 10 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000005417 (8)

1. Corporation Name

IT BROWNFIELDS SERVICES CORPORATION

Principal Place of Business

23456 HAWTHORNE BLVD
TORRANCE CA 90505

Mailing Address

23456 HAWTHORNE BLVD
TORRANCE CA 90505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

33-0721649

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2790 Mosside Boulevard
Suite, Apt #, etc.

22

City & State

23 Monroeville, PA

Zip

24 15146

Country

25 USA

2a. Mailing Address

26 2790 Mosside Boulevard
Suite, Apt #, etc.

27

City & State

28 Monroeville, PA

Zip

29 15146

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
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

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 | DS | <input type="checkbox"/> DELETE |
| NAME | REDWINE, JAMES M | |
| STREET ADDRESS | 23456 HAWTHORNE BLVD | |
| CITY-ST-ZIP | TORRANCE CA 90505 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MAHONEY, JAMES R | |
| STREET ADDRESS | 23456 HAWTHORNE BLVD | |
| CITY-ST-ZIP | TORRANCE CA 90505 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | RICE, FRANK C | |
| STREET ADDRESS | 23456 HAWTHORNE BLVD | |
| CITY-ST-ZIP | TORRANCE CA 90505 | |

| | | |
|----------------|----------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | OCKELMANN, PHILIP H | |
| STREET ADDRESS | 23456 HAWTHORNE BLVD | |
| CITY-ST-ZIP | TORRANCE CA 90505 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2790 Mosside Boulevard |
| 1.4 CITY-ST-ZIP | Monroeville, PA 15146 |

| | |
|--------------------|--|
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2790 Mosside Boulevard |
| 2.4 CITY-ST-ZIP | Monroeville, PA 15146 |

| | |
|--------------------|--|
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 2790 Mosside Boulevard |
| 3.4 CITY-ST-ZIP | Monroeville, PA 15146 |

| | |
|--------------------|--|
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Treasurer |
| 4.3 STREET ADDRESS | Conte, Richard R. |
| 4.4 CITY-ST-ZIP | 2790 Mosside Boulevard |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE:

2/6/98

412/372-7701

CR2E034 (10/97)