

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90030 024 ***150.00

DOCUMENT # F96000006186

1. Corporation Name

JSC TREATMENT, INC.

Principal Place of Business

**2055 NIAGARA FALLS BLVD.,
NIAGARA FALLS NY 14304**

Mailing Address

**P O BOX 300
ATTN: STATE TAX
TULSA OK 74102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

95-4365696

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

10. Name and Address of New Registered Agent

CERTIFIED MAIL # 039436
DATE MAILED APR 20 1999
FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, by its 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 and its 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 ☐ DELETE

NAME **DVP**
STREET ADDRESS **ALLEMAND, F.W.**
CITY-STATE-ZIP **5005 LBJ FREEWAY
DALLAS TX 75244**

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **RADER, CHARLES G**
CITY-STATE-ZIP **2801 LONG RD.
GRAND ISLAND NY 14072**

TITLE ☒ DELETE

NAME **VPT**
STREET ADDRESS **YEN, DAVID C.**
CITY-STATE-ZIP **10889 WILSHIRE BLVD.
LOS ANGELES CA 90024**

TITLE ☐ DELETE

NAME **VSD**
STREET ADDRESS **MCDOLE, KEITH C**
CITY-STATE-ZIP **5005 LBJ FREEWAY
DALLAS TX 75244**

TITLE ☐ DELETE

NAME **AS**
STREET ADDRESS **ROSS, DAVID G**
CITY-STATE-ZIP **110 WEST 7TH ST.
TULSA OK 74119**

TITLE ☐ DELETE

NAME **AS**
STREET ADDRESS **JACKSON, DONALD G**
CITY-STATE-ZIP **110 WEST 7TH ST.
TULSA OK 74119**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V/T**

3.3 STREET ADDRESS **J. R. HAVERT**

3.4 CITY-STATE-ZIP **10889 WILSHIRE BLVD.
LOS ANGELES CA 90024**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. ROSS

4-19-99

(918) 561-3497

Date

Daytime Phone #

CR2E034 (11/98)