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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700006688 (2)

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

Maiting Address

FILED Feb 25 1998 8:00am Secretary of State



a morpari nao	o or paamoaa	Mailing Address			
8901 N. INDUSTRIAL RD. PEORIA IL 81615		8901 N. INDUSTRIAL RD. PEORIA IL 61615		·	
				DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 12/17/1997 	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		37-1286500	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Bection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
C.	T CORPORATION SYSTEM		81 Na	me	
1200 SOUTH PINE ISLAND ROAD			82 Str	eet Address (P.O. Box Number is Not Acceptable)	
	ANTATION FL 33324		62 Str	eet Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	<i>y</i>	85 Zip Code
	.			<u>′</u>	L .
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Sta ti e of Florida. Such chan ge was lations of, Section 607.05 05, F	utes, the above-name authorized by the e Torida Statutes.	ned corporation submits this statement for the purpose corporation's board of directors. I hereby accept the ap	of changing its registered appointment as registered
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registered Agent sign	ature required when reinstating) CATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, KAREN M		1.2 NAME		
STREET ADDRESS	8901 N. INDUSTRIAL RD.		1.3 STREET ADDRE	92	
CITY-ST-ZIP	PEORIA IL 61615		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, MICHAEL J		2.2 NAME		_ , _
STREET ADDRESS	8901 N. INDUSTRIAL RD.		2.3 STREET ADDRE	22	
CITY-ST-ZIP	PEORIA IL 61615		2. 4 CITY-ST-ZIP	~	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	İ	
STREET ADDRESS			3.3 STREET ADORE	ss	
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRE	ss	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ļ
TITLE		☐ DELET E	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	ss	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	ss	
CITY-ST-ZIP	•		6.4 CITY - ST - ZIP	~	
14. Thereby c	ertify that the information supplied w	ith this filing does not qualify	for the exemption s	tated in Section 119.07(3)(i), Florida Statutes. I further of	certify that the information
indicated of officer or of	on this annual report or supplements	al annual report is true and ac siver or trustee empowered to	curate and that my	signature shall have the same legal effect as if made u as required by Chapter 607, Florida Statutes; and that	inder oath; that I am an