2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # F9800003030 **Secretary of State** CRANE ENVIRONMENTAL, INC. 01-30-2001 90223 007 ***150.00 Principal Place of Business Mailing Address 730 COMMERCE DR 800 THIRD AVE. VENICE FL 34292 KING OF PRUSSIA PA 19406 ULUWIT 3. Mailing Address 2. Principal Place of Business 2600 EISENHOWER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2865780 Not Applicable TROOPER Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, 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. \Box 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 11. 12. CR2E034 (10/00) ☐ Addition TITLE Delete TITI F Red Change MARRINUECI, JOHN 2600 EISENHOWER AVE MARRINVCCI, JOHN NAME NAME 800 THIRD AVE. STREET ADDRESS STREET ADDRESS TRUPER, PA 19403 KING OF PRUSSIA PA 19406 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KUBALIC JAMES 2600 EISÉNHOWER AUE KUBALIC, JAMES NAME NAME 800 THIRD AVE. STREET ADDRESS STREET ADDRESS TROOPEC, PA_ 19403 CITY-ST-ZIP KING OF PRUSSIA PA 19406 CITY-ST-7IP Addition : TITLE ☐ Delete TITLE Change UNGERLAND, T.J. NAME NAME STREET ADDRESS 100 FIRST STAMFORD PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06902 AT ☐ Change ☐ Addition TITLE Delete TITLE DICKOFF, G.A. NAME NAME 100 FIRST STAMFORD PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAMFORD CT 06902 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/17/01

610-631-1700

Daytime Phone #