

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90030 027 ***150.00

DOCUMENT # F98000003987

1. Corporation Name

SEVENSON ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

**2749 LOCKPORT ROAD
NIAGARA FALLS NY 14302**

Mailing Address

**2749 LOCKPORT ROAD
NIAGARA FALLS NY 14302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

16-1091535

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	PCED	<input type="checkbox"/> DELETE
NAME	ELIA, MICHAEL A	
STREET ADDRESS	3043 MAPLE ROAD	
CITY-ST-ZIP	NEWFANE NY 14108	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, WILLIAM J	
STREET ADDRESS	136 HUNTERS LANE	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELIA, LAURENCE A	
STREET ADDRESS	3039 MAPLE ROAD	
CITY-ST-ZIP	NEWFANE NY 14108	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	ELIA, RICHARD A	
STREET ADDRESS	3047 MAPLE ROAD	
CITY-ST-ZIP	NEWFANE NY 14108	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, DENA M	
STREET ADDRESS	335 OAK STREET	
CITY-ST-ZIP	LEWISTON NY 14092	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTIGLIA, JOSEPH J	
STREET ADDRESS	1749 READING ROAD	
CITY-ST-ZIP	WEST FALLS NY 14170	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dena M Armstrong

4/6/99

716-2840431

CR2E034 (1/198)