2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am DOCUMENT # F98000005274 **Secretary of State** 1. Entity Name 01-28-2002 90016 009 ***150 00 **ENVIRONMENTAL SAFETY CORPORATION** Principal Place of Business Mailing Address 208 LONGBRANCH RD. 208 LONGBRANCH RD. STE 300 STE 300 SYRACUSE NY 13209 SYRACUSE NY 13209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 16-1436371 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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. DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change TITLE ☐ Delete BIANCHI, DAVID M DAVID M. BIANCH! NAME NAME 208 LONGBRANCH RD. - SUITE 300 300 LONGBRANCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SYRACUSE NY 13209 CITY-ST-ZIP SYRACUSE, NY 13209 CVS **X** Addition **CVS** Delete TITLE ☐ Change TITLE BIANCHI, WILLIAM P WILLIAM P. BIANCHI NAME NAME 208 LONGBRANCH RD. - SUITE 300 STREET ADDRESS 300 LONGBRANCH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYRACUSE NY 13209 <u>Syracuse, NY 13209</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

changed, or on an attachment with an address, with all other like empowered

WILLIAM P. BIANCHI 1/10/02 315 453 0002

(9/01)