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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90526 (5)
1. Corporation Name
ADVANCED SEPARATION TECHNOLOGIES INCORPORATED



Principal Place of Business Mailing Address
% PAULINE M. FRY %PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042 ONE PROGRESS PLAZA P.O. BOX 33042 STE.2600
ST. PETERSBURG FL 33701-4306 ST. PETERSBURG FL 33701-4353

3. Date Incorporated or Qualified 12/18/1985 3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address
21 5315 Great Oak Drive 26 Po Box 717
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2638277 Applied For Not Applicable

22 City & State 27 City & State
23 Lakeland, FL 28 Pittsburgh, PA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 338 01-3180 25 Country 29 15230-0717 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2600
ST. PETERSBURG FL 33701

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 resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME KORPAN, RICHARD
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Colin Bailey
1.3 STREET ADDRESS 20#6 Scarfe Rd.
1.4 CITY-ST-ZIP Sawickley, PA 15143

TITLE DPCE ☐ DELETE
NAME BRYANT, DUDLEY E
STREET ADDRESS 5315 GREAT OAK DRIVE
CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MCCONNOMY, JOHN M.
STREET ADDRESS 900 19TH STREET N.W.
CITY-ST-ZIP WASHINGTON DC

3.1 TITLE D/V/S ☐ Change ☒ Addition
3.2 NAME Joseph A. Fische He
3.3 STREET ADDRESS 1524 Ashbury Lane
3.4 CITY-ST-ZIP Pittsburgh, PA 15237

TITLE DC ☒ DELETE
NAME CRITCHFIELD, JACK B.
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME John M. MacCrum
4.3 STREET ADDRESS 373 Babcock Blvd.
4.4 CITY-ST-ZIP Gibsonia, PA 15044

TITLE T ☒ DELETE
NAME SMALLWOOD, JAMES V
STREET ADDRESS 3201 34TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL 33711

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME HALEY, KATHLEEN M.
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)