2002 UNIFORM BUSINESS REPORT (UBR)

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

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # L73683 1. Entity Name 04-18-2002 90350 025 ***158.75 TERRÁ ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 5215 W LAUREL STREET 5215 W LAUREL STREET SUITE 200 SUITE 200 TAMPA FL 33607 **TAMPA FL 33607** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3022514 Not Applicable Zip Country 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 ROTHENBERGER, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 5215 W LAUREL STREET SUITE 200 TAMPA FL 33607 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 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME ROTHENBERGER, DANIEL W. STREET ADDRESS STREET ADDRESS 423 HERMOSITA DRIVE CITY-ST-ZIP CITY-ST-ZIF ST PETE BEACH FL TITLE ☐ Delete ☐ Change Addition NAME NAME OURAL, CRAIG R. STREET ADDRES 2106 KYRA DR STREET:ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME WALKER, STEVEN T. STREET ADDRESS STREET ADDRESS 2162 SERPENTINE CIR. S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

W. Rothenberger 4.9.07