subject to a \$ 4	re May 1, 1998 or 400.00 LATE FEE					·	, 1	20 A . SS		
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -5 PM 3: 39				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000268										
•							1a. Principal Pla	ice of Business	Address	
ENVIRONMENTAL MANAGEMENT RESOURCES, L.C. 1010 E, 86TH STREET, SUITE 46C INDIANAPOLIS IN 46240							1010 E, 86TH STREET, SUITE 4 INDIANAPOLIS IN 46240			
2. Principal Place of B	usiness	2a. Mailing	Address				3. Date Organized or Qualified 3a. State of Formation			of Formation
Suite, Apt. #, etc.		Suite, Apt.	#. etc.				I ' . '	/22/1996 IN		· —
							4. FEI Number Applied For			
City & State		City & State	9				35-1939			Not Applicable
Zip	Country	Žip.		70	ountry		5. Date of Last R	leport		ate of Status Desired
							02/19/1997			tomal Fee flequired
7. Nam	ne and Address of Current	Registered A	gent		Name		Name and Address	s of New Regis	tered Agent	t/Office
BOCK, STEVEN						Street Address (P.O. Box Number is Not Acceptable) 1 000024516519				
						, Apt. #, etc.		-03/10	3/980	01018023
					City			****	Dath Clode	****188.75
its registered office or re	visions of Sections 608.416 a egistered agent, or both, in the id accept the obligations.							ubmits this state		
SIGNATURE								DATE		
(Regulared Agent Accepting Appointment) (N			NOTE: Registered Agent signature required when reinstating) Business Street Address				<u></u>	City,	State and Z	In Code
190 1100	arraging water				Birty St.	0.7		,	-	
ľ	,					STREE	-	ĺ		
MGRM NIEMA	IGRM NIEMANN, SAMUEL J		1010	E,	86TH STREE		T, SUITE	INDIANAPOLIS IN		S IN
							·	FI	CEI	1
		İ							EB % 3	1998
						· ;	1447 1447			
indicated on this annual	at the information supplied witt report is true and accurate ar or the receiver or trustee empress.	nd that my sion	nature sha	all have t	the same leg	gal effect as it	if made under oath;	that I am a man	aging memb	ber or manager of the

SIGNATURE AND TYPEO OR PRINTE NAME OF SIGNING MANAGING MEMBER OR MANAGER