

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-28-2002 90002 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000996

1. Entity Name

ONYX ENVIRONMENTAL SERVICES, L.L.C.

Principal Place of Business

700 E. BUTTERFIELD ROAD
SUITE 201
LOMBARD IL 60148

Mailing Address

700 E. BUTTERFIELD ROAD
SUITE 201
LOMBARD IL 60148

71141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4287998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **ADVANCED ENVIRONMENTAL SERVICES, L.L.C.**
STREET ADDRESS **3225 AVIATION AVE., 4TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **MGR** Change Addition
NAME **G.W. Dietrich**
STREET ADDRESS **125 South 84th Street, Suite 200**
CITY-ST-ZIP **Milwaukee, Wisconsin 53214**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **George Farr**
STREET ADDRESS **125 S. 84th Street, Suite 200**
CITY-ST-ZIP **Milwaukee, Wisconsin 53214**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **Paul Jenks**
STREET ADDRESS **125 S. 84th Street, Suite 200**
CITY-ST-ZIP **Milwaukee, Wisconsin 53214**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **Philippe Martin**
STREET ADDRESS **SARP Industries, Zone Portuaire**
CITY-ST-ZIP **427, route du Hazay Limay France F-78520**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **Thomas Bramlette**
STREET ADDRESS **7 Mobile Avenue**
CITY-ST-ZIP **Sauget, Illinois 62201**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NOT REQUIRED

4/16/02

618-221-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CF2ED83 (9/01)