2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000996

1. Entity Name

ONYX ENVIRONMENTAL SERVICES, L.L.C.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90050 034 ****50.00

	MAATAAAL								
		CHECK HERE IF	MAKINO	G CHA	NGES				
4. FEI Num	nber	36-4287998				oplied For ot Applicable			
5. Certifica	ate of S	Status Desired				ditional			
7. Name a	nd Ad	dress of New Re	gistered	Agent			-		
D. Box Num	ıber is	Not Acceptable)							
			FL	Z	ip Cod	е			
agent, or b	oth, ir	the State of Flori	da. Iam	familia	ır with,	and accept			
en reinstating)			DATE] .		
of State									
	l	ADDITIONS/C	HANGES	3					
÷			7.		change	☐ Addition	CR2E083 (10/02)		
					change	☐ Addition	CRZ		
		٠. ١٠ ١٠ ١٠ ١٠		C	hange	Addition			
				□ C	hange	☐ Addition			
							i		

Principal Plac	e of Business	Mailing Address	Mailing Address								
700 E. BUTTERFIELD ROAD SUITE 201 LOMBARD IL 60148		700 E. BUTTERFIELD ROAD SUITE 201 LOMBARD IL 60148									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES							
City & State		City & State		4. FEI Nun	36-4287998			pplied For ot Applicable			
Zip	Country	Zip	Country		5. Certifica	ate of Status Desired		5.00 Ad	ditional		
6. Name and Address of Current Registered Agent					7 Name a	nd Address of New Reg	istered Aç	jent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			1	Name							
			5	Street Address (P.O. Box Number is Not Acceptable)							
					_		,				
			C	City			FL	Zip Coo	le		
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOT	F: Registered And	ent signature require	ed when reinstating)		DATE				
							DAIL				
				E IS \$50.00							
		Make Check Payab	e By May	-	ent or State						
^	AJANIA OINIO MENTE			., 2000				,			
9.	MANAGING MEMB		10.			ADDITIONS/CH					
NAME	DIETRICH, G.W.	☐ Delete	TITLE NAME					☐ Change	☐ Addition		
STREET ADDRESS	125 SOUTH 84TH STREET, STI	F 200	STREET AL	ODRESS	•		=_				
CITY-ST-ZIP	MILWAUKEE WI 53214		CITY-ST-	ZIP					-		
TITLE	MGR	☐ Delete	TITLE					Change	Addition		
NAME	FARR, GEORGE		NAME				·	_ •	_		
STREET ADDRESS				DDRESS							
CITY-ST-ZIP	MILWAUKEE WI 53214		CITY-ST-	ZIP							
TITLE	MGR	☐ Delete	TITLE				. [☐ Change	Addition		
NAME	JENKS, PAUL	F 400	NAME	- see .		ومحران مقايمان					
STREET ADDRESS CITY-ST-ZIP	125 SOUTH 84TH STREET, STE	E 200	STREET AL								
TITLE	MILWAUKEE WI 53214 MGR			ZH	1 10 11 1 10 1		г	7.05	- Laurein		
NAME	MARTIN, PHILIPPE	☐ Delete	TITLE NAME				L	_ Change	☐ Addition		
STREET ADDRESS	SARP IND ZONE PORTUAIRE 4	27 RTF DU HAZAY	STREET AD	DDRESS							
CITY-ST-ZIP	LIMAY FR F-785-0		CITY-ST-	ZIP		•			[
TITLE	MGR	☐ Delete	TITLE				[Change	☐ Addition		
NAME	BRAMLETTE, THOMAS		NAME						1		
STREET ADDRESS	7 MOBILE AVE		STREET AD	ı					ļ		
CITY-ST-ZIP	SAUGET IL 62201		CITY-ST-Z	ŽIP							
TITLE		Delete	TITLE				[Change	☐ Addition		
NAME			NAME						}		
STREET ADDRESS CITY-ST-ZIP			STREET AD						-		
UNIT-SI-ZIP			CITY-ST-2	(IP							

11. 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 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.

630-518