

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36271 (7)

1. Corporation Name

ENVIRONMENTAL SOLUTION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

13826 CASTLE CLIFF WAY
SILVER SPRINGS MD 20904
US

13826 CASTLE CLIFF WAY
SILVER SPRINGS MD 20904-5484
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BINGHAM, J. REID
CONCEPCION, SEXTON, STIPHANY & BINGHAM
999 PONCE DE LEON BLVD. #1015
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

05/21/1996

4. FEI Number

65-0173200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROFT, CHRISTOPHER V.	
STREET ADDRESS	13826 CASTLE CLIFF WAY	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GJERDE, KRISTINA	
STREET ADDRESS	6 FARMER ST.	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, CAROL-LYNN	
STREET ADDRESS	13826 CASTLE CLIFF WAY	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, LEILANI	
STREET ADDRESS	614 W MAIN ST	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	ul Piskowa 12 C
2.4 CITY-ST-ZIP	Konstancin-Czylice 45/510 Poland
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Wilde, Christine
4.4 CITY-ST-ZIP	404 B Evans Ridge Terrace Leesburg, VA 20176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Davidson* REQUIRED *Carol Davidson* 12 Feb '97 (30) 989-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0075626

CR2E037 (9/96)