

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029793

FILED  
Jul 31, 2010  
Secretary of State

**Entity Name:** OPPENHEIMER REMEDIATION SERVICES INCORPORATED

**Current Principal Place of Business:**

1131 S.W. HALEYBERRY AVE.  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

1131 S.W. HALEYBERRY AVE.  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 75-3038041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KULCSAR, DON P  
1131 S.W. HALEYBERRY AVE.  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP-T  
Name: KULCSAR, DON  
Address: 1131 HALEYBERRY AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: P  
Name: DOWNS, JACK  
Address: 3186 S.E. BROOK ST.  
City-St-Zip: STUART, FL 34997

Title: S  
Name: ALPIRE, GERMANN  
Address: 101 BEACH AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: CEO  
Name: BONGARD, THOMAS  
Address: 6217 WOODLAKE ROAD  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DON KULCSAR

VP

07/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date