FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:13

DOCUMENT # P03175 (7)

1. Corporation Name
HANKIN ENVIRONMENTAL SYSTEMS INC.

Principal Place of Business	Mailing Address
ONE HARVARD WAY, SUITE 6 P.O.BOX 935 SOMERVILLE NJ 08876	ONE HARVARD WAY, SUITE 6 P.O.BOX 935 SOMERVILLE NJ 08876

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1994
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 One Harvard Way
Suite, Apt. #, etc.
22 Suite 6
City & State
23 Somerville, NJ
Zip 24 08876 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 94-2328476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature (typed or printed) name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	REZA, S.H.	12 NAME		
STREET ADDRESS	11 RUSHWICK RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MT.LAUREL NJ	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MCDONOUGH, S.	22 NAME		
STREET ADDRESS	43 MANOR DR.	23 STREET ADDRESS		
CITY-ST-ZIP	BELLE MEAD NJ	24 CITY-ST-ZIP		
TITLE	PCD	31 TITLE	Chairman/Director	☒ Change ☐ Addition
NAME	WILLIAMS, R.	32 NAME	Williams, R.	
STREET ADDRESS	143 PRINCESS ANNE CT.	33 STREET ADDRESS	143 Princess Ann Ct.	
CITY-ST-ZIP	ISLINGTON, ONT. CAN.	34 CITY-ST-ZIP	Islington, Ont. Can.	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BOWSER, E.R.	42 NAME		
STREET ADDRESS	21 BLACK CHERRY DR.	43 STREET ADDRESS		
CITY-ST-ZIP	MARKHAM, ONT., CAN.	44 CITY-ST-ZIP		
TITLE		51 TITLE	Secretary/Officer	☐ Change ☒ Addition
NAME		52 NAME	Carol Orlando	
STREET ADDRESS		53 STREET ADDRESS	2339 South Branch Road	
CITY-ST-ZIP		54 CITY-ST-ZIP	Neshanic Station, NJ 08853	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 02/09/95 908 722 9595
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #