


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03175 (7)					
1. Corporation Name HANKIN ENVIRONMENTAL SYSTEMS INC.					
Principal Place of Business ONE HARVARD WAY SUITE 6 SOMERVILLE NJ 08876 US			Mailing Address ONE HARVARD WAY, SUITE 6 P.O. BOX 835 SOMERVILLE NJ 08876-0935		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 94-2328476	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		
85 Zip Code			FL		
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: _____ (NOTE: Registered Agent signature required when reinstating)					
DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD CHOU, DAVID			12 NAME		
STREET ADDRESS 5 ARNOLD DRIVE			13 STREET ADDRESS		
CITY-ST-ZIP PRINCETON JUNCTION NJ			14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VD MCDONOUGH, S.			22 NAME		
STREET ADDRESS 43 MANOR DR.			23 STREET ADDRESS		
CITY-ST-ZIP BELLE MEAD NJ			24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TD MODI, HARSHAD			32 NAME		
STREET ADDRESS 10 DANIEL DRIVE			33 STREET ADDRESS		
CITY-ST-ZIP BELLE MEAD NJ			34 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SO ORLANDO, CAROL			42 NAME		
STREET ADDRESS 2339 S BRANCH RD			43 STREET ADDRESS		
CITY-ST-ZIP NESHANIC STATION NJ			44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

L. Carol L. Chou

2/10/97

908-722-9595

CR2E034 (9/96)