SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

99 NOV 19 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0115750

~~PROFIT CORPORATION ANNUAL REPORT~~
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03395**

1. Corporation Name
GROUNDWATER TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~100 RIVER RIDGE DRIVE~~ NORWOOD MA 02062 US	100 RIVER RIDGE DRIVE ATTENTION: TAX DEPARTMENT NORWOOD MA 02062 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21] 2790 Mosside Blvd.	2a. Mailing Address [26] 2790 Mosside Blvd.
Suite, Apt #, etc. [22]	Suite, Apt #, etc. [27]
City & State [23] ~~Mosside Blvd.~~ Monroeville, PA	City & State [28] Monroeville, PA
Zip [24] 15146 Country [25] USA	Zip [29] 15146 Country [30] USA

3. Date Incorporated or Qualified: 09/17/1984
4. FEI Number: 02-0324047 — 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

REINSTATEMENT

10. Name and Address of New Registered Agent

[81] Name: CT Corporation System
[82] Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
[83]
[84] City: Plantation FL [85] Zip Code: 33324

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 K. A. S. — Kevin A. Sebunia, Asst. Secy. — DATE 11/18/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President & CEO & Director	☒ Change ☒ Addition
NAME	BARBER, WALTER C.		1.2 NAME	Anthony J. DeLuca	
STREET ADDRESS	120 S RIVERSIDE PLAZA, STE 200		1.3 STREET ADDRESS	1401 K Street NW, Suite 801	
CITY-ST-ZIP	CHICAGO IL 60606		1.4 CITY-ST-ZIP	Washington, DC 20005	
TITLE	SV	☒ DELETE	2.1 TITLE	Vice President & Secretary & Director	☐ Change ☒ Addition
NAME	LEWIS, RICHARD W.		2.2 NAME	James G. Kirk	
STREET ADDRESS	100 RIVER RIDGE DRIVE		2.3 STREET ADDRESS	2790 Mosside Blvd.	
CITY-ST-ZIP	NORWOOD MA		2.4 CITY-ST-ZIP	Monroeville, PA 15146	
TITLE	S	☒ DELETE	3.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	BUKATY, R		3.2 NAME	James M. Redwine	
STREET ADDRESS	3353 MICHELSON DR		3.3 STREET ADDRESS	2790 Mosside Blvd.	
CITY-ST-ZIP	IRVINE CA 92698		3.4 CITY-ST-ZIP	Monroeville, PA 15146	
TITLE	VP	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	STACK, M C		4.2 NAME	Richard R. Conte	
STREET ADDRESS	100 RIVER RIDGE DR		4.3 STREET ADDRESS	2790 Mosside Blvd.	
CITY-ST-ZIP	NORWOOD MA 92062		4.4 CITY-ST-ZIP	Monroeville, PA 15146	
TITLE	AS	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	GWIN, HOVEY		5.2 NAME	Harry Soose	
STREET ADDRESS	3110 CHERRY PALM DR, STE 300		5.3 STREET ADDRESS	2790 Mosside Blvd.	
CITY-ST-ZIP	TAMPA FL 33619		5.4 CITY-ST-ZIP	Monroeville, PA 15146	
TITLE	AT	☒ DELETE	6.1 TITLE	700003053151	Change ☒ Addition
NAME	TORMEY, M M		6.2 NAME	-11/23/99--01058--011	
STREET ADDRESS	100 RIVER RIDGE DR		6.3 STREET ADDRESS	****750.00 ****750.00	
CITY-ST-ZIP	NORWOOD MA 02062		6.4 CITY-ST-ZIP		

14. 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 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: James M. Redwine, Assistant Secretary — 10/15/99 — 412-380-6202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (5/99)