

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 022 ***150.00

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DOCUMENT # P12249

1. Corporation Name

DELTA ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business

2770 CLEVELAND AVE
SUITE 200
ROSEVILLE MN 55113
US

Mailing Address

2770 CLEVELAND AVE.
SUITE 200
ROSEVILLE MN 55133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1986

4. FEI Number

41-1561791

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2770 Cleveland Ave

2a. Mailing Address

26 2770 Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Roseville mn

City & State

28 Roseville mn

Zip

24 55113

Country

25 US

Zip

29 55113

Country

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 ☐ DELETE

NAME PD
RICK, GERALD R.
STREET ADDRESS 311 COUNTY RD. JJ
CITY-ST-ZIP RIVER FALLS WI

TITLE ☐ DELETE

NAME S
TOREN, JAMES R
STREET ADDRESS 26 WOODLAND RD
CITY-ST-ZIP EDINA MN 55424

TITLE ☐ DELETE

NAME T
KOEHN, GRETCHEN L
STREET ADDRESS 7916 TELEGRAPH RD
CITY-ST-ZIP BLOOMINGTON MN 55438

TITLE ☐ DELETE

NAME VD
KARLS, ROBERT M.
STREET ADDRESS 3250 PLEASANT RUN NE
CITY-ST-ZIP BLAINE MN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.R. Toren, Secretary 1/15/99

Date

Daytime Phone #

651-697-5129

CR2E034 (11/98)