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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16065 (5)  
1. Corporation Name

EnviroSource, Inc.

Principal Place of Business <b>1155 Business Center Dr. Horsham, PA 19044-3454</b>	Mailing Address <b>1155 Business Center Dr. Horsham, PA 19044-3454</b>
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3. Date Incorporated or Qualified <b>9/23/87</b>	3a. Date of Last Report <b>5/1/96</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>34-0617390</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>400002270234--0</b>
83	<b>-08/18/97--01135--003</b>
84 City	<b>****165.00 ****165.00</b>
	<b>FL 85 Zip Code</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<b>P/D Louis A. Guzzetti, Jr.</b>
STREET ADDRESS		13 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>Horsham, PA 19044</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	<b>V George E. Fuehrer</b>
STREET ADDRESS		23 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Horsham, PA 19044</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<b>V Aarne Anderson</b>
STREET ADDRESS		33 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>Horsham, PA 19044</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>D Ronald P. Spogli</b>
STREET ADDRESS		43 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>Horsham, PA 19044</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>S Leon Z. Heller</b>
STREET ADDRESS		53 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>Horsham, PA 19044</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>D Wallace B. Askins</b>
STREET ADDRESS		63 STREET ADDRESS	<b>1155 Business Center Drive</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>Horsham, PA 19044</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aarne Anderson

8/8/97

215-956-5500

Date

Daytime Phone #

CR2E034 (9/96)