

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 24 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P20211 (9)**

1. Corporation Name  
**GTEL ENVIRONMENTAL LABORATORIES, INC.**



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

3. Date Incorporated or Qualified **07/26/1988** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **02-0422004** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, WALTER C.	1.2 NAME	
STREET ADDRESS	100 RIVER RIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVESTER, GUY	2.2 NAME	<b>T SLINEY, ROBERT E., JR.</b>
STREET ADDRESS	MEADOWBROOK INDUSTRIAL P	2.3 STREET ADDRESS	<b>100 RIVER RIDGE DRIVE</b>
CITY-ST-ZIP	MILFORD NH	2.4 CITY-ST-ZIP	<b>NORWOOD, MA 02062</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, CATHERINE L.	3.2 NAME	
STREET ADDRESS	100 RIVER RIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, JOEL	4.2 NAME	
STREET ADDRESS	100 RIVER RIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW E., JR.	5.2 NAME	
STREET ADDRESS	53 STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: Joel Adler Joel Adler 4/18/96 617-769-7600  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)