SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P20352** **(1)**

1. Corporation Name
BURDCO ENVIRONMENTAL, INCORPORATED

Principal Place of Business	Mailing Address
4225 CEDAR RUN ROAD P.O. BOX 1064 TRAVERSE CITY MI 49685	4225 CEDAR RUN ROAD P.O. BOX 1064 TRAVERSE CITY MI 49685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/04/1988**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 H225 Cedar Run Rd	26 PO Box 1064
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Traverse City, MI	City & State 28 Traverse City, MI
Zip / Country 24 49685 / 25 Gr. Traverse	Zip / Country 29 49685 / 30 Gr. Traverse

4. FEI Number: **38-2437671** ☐ 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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	☐ Change ☐ Addition
NAME	BURDEN, TIMOTHY K.	1.2 NAME	
STREET ADDRESS	4225 CEDAR RUN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, GENE	2.2 NAME	
STREET ADDRESS	219 VALLEGJO	2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BURDEN, DEBRA K.	3.2 NAME	
STREET ADDRESS	4225 CEDAR RUN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	FORSMAN, ROBERT	4.2 NAME	
STREET ADDRESS	4225 CEDAR RUN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MICHAEL R	5.2 NAME	
STREET ADDRESS	39201 SCHOOL CRAFT RD., STE B11-B12	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVONA MI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	Asst VP ☐ Change ☒ Addition
NAME	BURDEN, PATRICK Delete	6.2 NAME	Beth Bigelow
STREET ADDRESS	4225 CEDAR RUN RD	6.3 STREET ADDRESS	4225 Cedar Run Rd.
CITY-ST-ZIP	TRAVERSE CITY MI	6.4 CITY-ST-ZIP	Traverse City, MI 49685

CR2E034 (3/95)

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)(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] 6.30.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/01/10 PN