

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

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23434** (4)

1. Corporation Name
SEVENSON ENVIRONMENTAL SERVICES, INC.

Principal Place of Business 2749 LOCKPORT ROAD NIAGARA FALLS NY 14305-2229	Mailing Address 2749 LOCKPORT ROAD NIAGARA FALLS NY 14305-2229
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1989	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 16-1091535	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc		27 Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT, WILLIAM J.	1.2 NAME	
STREET ADDRESS	136 HUNTERS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIA, MICHAEL A.	2.2 NAME	
STREET ADDRESS	3043 MAPLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NY	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIA, LAURENCE A.	3.2 NAME	
STREET ADDRESS	3039 MAPLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NY	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIA, RICHARD A.	4.2 NAME	
STREET ADDRESS	3047 MAPLE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NY	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DENA M	5.2 NAME	
STREET ADDRESS	335 OAK	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTIGLIA, JOSEPH J.	6.2 NAME	
STREET ADDRESS	1749 READING ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST FALLS, NY	6.4 CITY-ST-ZIP	

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:  10/9/97 716-284-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)