PROFIT CORPORATION ANNUAL REPORT <b>1996</b>			FLORIDA DE PARTMENT OF STATE Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCU 1. Corporation	MENT # P2	4866	(6)							
	' ENVIRONMENTAL IN	IC.	` ,							
Principal Plac	e of Business		Mailing Address							
15204 OMEGA DRIVE. SUITE 200 1209 ORANGE STREET ROCKVILLE MD 20850		15204 OMEGA DRIVÉ. SUITE 200 1209 ORANGE STREET ROCKVILLE MD 20850				Date Incorporated or Qualified	3a. Date	of Last R		
2. Principal P	Place of Business	1 20	L Mailing Address	······································			06/21/1989 4. FELNumber		5/01/19	995
21		26	i, ivialling Address				94-3032723		A	Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	te	2B	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.0	O May Be
Ζφ <b>24</b>	Country 25	29	Ζιp	Countr	У		8. This corporation has liability for			d to Fees 199.032,
	9. Name and Address of		stered Agent				10. Name and Address of New F		Agent	
CT CORPORATION SYSTEM						A -1-1		·	··	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324							s (P.O. Box Number is Not Acceptat	ile)		
PUMI	ATION FL 33324			83						
44-5		FIL Marine = 115		84	,			FL		p Code
	to the provisions of Sections ( red agent, or both, in the Stat ith, and accept the obligations				named co poration's	orporat board	on submits this statement for the pur of directors. I hereby accept the app	pose of cha pintment as	inging its r registered	egistered office agent. Lan
SIGNATURE	in a discopredition congeniorie	oi, accion con	.0500, Florida Statute	5.						
12.		SERS AND DIREC		OTE Fit priced Agr	nt Signadore n	equind w	her reinstilling) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PRS IN 12
THLE NAME	PD NAFT, BARRY, N		X DELETE	1. 1 TITLE			ldstein, P. (Presi			
STREET ADDRESS	15204 OMEGA DR			12 NAME 13 SIBEE	T ADDRESS	15	204 Omega Dr.			
CITY-ST-ZIP	ROCKVILLE MD			1.4 CITY-		KO	ckville, MD			
TITLE NAME	EDMONSON, LOWEL	L R.	DELETE	2 1 TITLE 2 2 NAME					Change	☐ Addition
STREET ADURESS	15204 OMEGA DRIVE				I ADORESS					
CITY-S1-ZIP TITLE	ROCKVILLE MD		TW DOLLTE	2.4 CITY -	ST-ZIP			····		
NAME	GALLANT, R W		[X] DELETE	3. 1 TIPLE 3.2 NAME				L.	] Change	Addition
STREET ADDRESS	AUDIANO AU		3.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	S MIDLAND MI		[] DELETE	3.4 CITY-:	ST - ZIP				7 Channe	
NAME	HERR, W H		4.2 NAME				L.	] Change	☐ Addition	
STREET ADDRESS	2030 DOW CENTER MIDLAND MI			4.3 STREE	4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D D		[] DELETE		4.4 City - S1 - ZiP 5. 1 Tille				) Change	F. Addition
NAME	BUZELLI, D T		5.2 NAME				L.	j Change	Addition	
STREET ADDRESS	2030 W.H. DOW CEN MIDLAND MI	NIER		5 3 STREE						
CITY-ST-ZIP TITLE	D		DELFTE	54 CHTY - 5 6 1 THILE	ST-ZIP			r	1 Change	Addition
NAME	KAUFMAN, F			6.2 NAME				_	, - ungo	
STREET ADDRESS CITY-ST-ZIP	2030 DOW CENTER MIDLAND MI			6.3 STREET						
14. I do hereb	v certify that the information s	upplied with this	filing is voluntarily furn	6.4 011Y-5 hished and doe	o pot sund	lity for t	he exemption stated in Section 119.	07(3)(k), Flor	ida Statute	as. I further
oath; that		he comporation or	r the receiver or to isto	idar report is tit io ogradoward			rre exemption stated in Section 119.1 and that my signature shall have the eport as required by Chapter 607, Flo			
SIGNATURE: 4/26/96 517-636-1270  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytone Prioric K  Daytone Prioric K										