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

DOCUMENT # **P26473** **(9)**

1. Corporation Name

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

Principal Place of Business	Mailing Address
8900 N INDUSTRIAL RD ~~SUITE 330~~ PEORIA IL 61615 US	8900 N INDUSTRIAL RD ~~SUITE 330~~ PEORIA IL 61615 US

3. Date Incorporated or Qualified: **10/17/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **06-1278275** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 _____ (Note: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VIETS, ROBERT O		1.2 NAME		
STREET ADDRESS	300 HAMILTON BLVD SUITE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAHN, JOHN G		2.2 NAME		
STREET ADDRESS	300 HAMILTON BLVD SUITE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVEY, JOSEPH		3.2 NAME		
STREET ADDRESS	17390 BROOKHURST ST., STE 110		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN VALLEY GA		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	~~GETZ, BARBARA A.~~		4.2 NAME	Jensen, Karen M.	
STREET ADDRESS	8900 N INDUSTRIAL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		4.4 CITY-ST-ZIP		
TITLE	REDM	☐ DELETE	5.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	OND, WA DAVID		5.2 NAME	Denahan, Stephen A.	
STREET ADDRESS	8427 154TH AVE NE		5.3 STREET ADDRESS	14220 W. Newberry Road	
CITY-ST-ZIP	REDMOND WA		5.4 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, KAREN M.		6.2 NAME		
STREET ADDRESS	8900 N INDUSTRIAL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		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)(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: _____ Karen M. Jensen, Vice President (309) 692-4422

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

CR2E034 (12/95)