

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

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Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26473 (9)**  
 1. Corporation Name  
**ENVIRONMENTAL SCIENCE & ENGINEERING, INC.**



Principal Place of Business <b>8900 N INDUSTRIAL RD</b> <b>PEORIA IL 61615</b> <b>US</b>	Mailing Address <b>8900 N INDUSTRIAL RD</b> <b>PEORIA IL 61615-1510</b> <b>US</b>
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3. Date Incorporated or Qualified <b>10/17/1989</b>	3a. Date of Last Report <b>06/25/1996</b>
4. FEI Number <b>06-1278275</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	COB <input type="checkbox"/> DELETE
NAME	VIETS, ROBERT O
STREET ADDRESS	300 HAMILTON BLVD SUITE 300
CITY-ST-ZIP	PEORIA IL
TITLE	S <input type="checkbox"/> DELETE
NAME	SAHN, JOHN G
STREET ADDRESS	300 HAMILTON BLVD SUITE 300
CITY-ST-ZIP	PEORIA IL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SILVEY, JOSEPH
STREET ADDRESS	17390 BROOKHURST ST., STE 110
CITY-ST-ZIP	FOUNTAIN VALLEY GA
TITLE	T <input type="checkbox"/> DELETE
NAME	JENSEN, KAREN M
STREET ADDRESS	8900 N INDUSTRIAL RD
CITY-ST-ZIP	PEORIA IL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	DENAHAN, STEPHEN A
STREET ADDRESS	14220 W NEWBERRY ROAD
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	JENSEN, KAREN M.
STREET ADDRESS	8900 N INDUSTRIAL RD
CITY-ST-ZIP	PEORIA IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>President</b>
3.3 STREET ADDRESS	<b>J. Mark Elliott</b>
3.4 CITY-ST-ZIP	<b>300 Hamilton Blvd. Suite 330</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:**  **SIGNATURE REQUIRED** 4897  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)