

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90070 030 ***150.00

DOCUMENT # P26473

1. Corporation Name

QST ENVIRONMENTAL INC.



Principal Place of Business

8900 N INDUSTRIAL RD
PEORIA IL 61615
US

Mailing Address

8900 N INDUSTRIAL RD
PEORIA IL 61615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1989

4. FEI Number

06-1278275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB
NAME VIETS, ROBERT O
STREET ADDRESS 300 HAMILTON BLVD SUITE 300
CITY-ST-ZIP PEORIA IL

TITLE S
NAME SAHN, JOHN G
STREET ADDRESS 300 HAMILTON BLVD SUITE 300
CITY-ST-ZIP PEORIA IL

TITLE P
NAME ELLIOTT, MARK J
STREET ADDRESS 300 HAMILTON BLVD STE 330
CITY-ST-ZIP PEORIA IL

TITLE T
NAME JENSEN, KAREN M
STREET ADDRESS 8900 N INDUSTRIAL RD
CITY-ST-ZIP PEORIA IL

TITLE V
NAME JENSEN, KAREN M.
STREET ADDRESS 8900 N INDUSTRIAL RD
CITY-ST-ZIP PEORIA IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COB
1.2 NAME J. MARK ELLIOTT
1.3 STREET ADDRESS 300 HAMILTON BLVD STE 300
1.4 CITY-ST-ZIP PEORIA IL 61602

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT
3.2 NAME THOMAS F. CARTER JR.
3.3 STREET ADDRESS 8900 N. INDUSTRIAL RD.
3.4 CITY-ST-ZIP PEORIA IL 61615

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED KAREN M. JENSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 (309) 692-4422
Date Daytime Phone #

CR2E034 (11/98)