## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # P26473** Jan 28, 2000 8:00 am **Secretary of State** ENVIRONMENTAL SCIENCE & ENGINEERING, INC. 01-28-2000 90207 019 \*\*\*150.00 Principal Place of Business Mailing Address 8900 N INDUSTIAL RD 8900 N INDUSTIAL RD PEORIA IL 61615-1558 PEORIA IL 61615 3. Mailing Address 2. Principal Place of Business 8901 N. INDUSTRIAL RD 8901 N. INDUSTRIAL RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1278275 ZZ PC-ORIA KORIA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. COB -COB/CED Change : ☐ Addition TITLE ☐ Delete TITLE. SCOTTE STATE ELLIOTT, J. MARK NAME NAME BADENUER WEST DR STE 400 300 HAMILTON BLVD SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PEORIA IL 61602 GOLDEN, CO 80401 **⋘**) Change ☐ Addition 🔀 Delete TITLE SAHN, JOHN G NAME J MICHAEL ZIKA 1819 DENVER WEST DR. STE 400 STREET ADDRESS 300 HAMILTON BLVD SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEORIA IL 40LOEN, CO 90101 PRESZOE NIT 🗹 Change ☐ Addition ☐ Delete TITI F TITLE KAREN M. JENSEN NAME CARTER, THOMAS F JR NAME BOOT N. INOUSTRIAL RO STREET ADDRESS 8900 NORTH INDUSTRIAL ROAD STREET ADDRESS CITY-ST-ZIP PEORIA IL 61615 CITY-ST-ZIP PHORZA IL 6/6/5 ☐ Addition Delete TITLE TITLE JENSEN, KAREN M NAME NAME 8900 N INDUSTRIAL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP PEORIA IL UP + T Change ☐ Addition ☐ Delete TITLE TITLE JENSEN, KAREN M. NAME I MICHAEL ZIKA NAME RA DENVER WEST DR. STE 400 STREET ADDRESS 8900 N INDUSTRIAL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 6020EN, CO 80401 PEORIA IL ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AREN M JENSEN

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO