

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27432 (4)

1. Corporation Name

DU PONT ENVIRONMENTAL REMEDIATION SERVICES INC.

Principal Place of Business

C/O DU PONT DENEMOURS AND CO
1007 MARKET ST. B-12312
WILMINGTON DE 19808

Mailing Address

C/O DU PONT DENEMOURS AND CO
1007 N. MARKET ST. M-10808
WILMINGTON DE 19808
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/26/1989

3a. Date of Last Report

06/20/1994

4. FEI Number

51-0320842

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

6. This corporation has liability for HARP/HRSA under S. 159.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FISCHER, THEODORE A. II M.E. BURNHAM
STREET ADDRESS 1007 MARKET ST. M-10808
CITY-ST-ZIP WILMINGTON DE

TITLE VT
NAME MCATEER, JOHN A
STREET ADDRESS 1007 MARKET ST, RM B-12303
CITY-ST-ZIP WILMINGTON DE

TITLE S
NAME DOUGLAS, ANN L.
STREET ADDRESS 1007 MARKET ST. M-10808
CITY-ST-ZIP WILMINGTON DE

TITLE D
NAME ROMANELLI, RICHARD A.
STREET ADDRESS 1007 MARKET ST. M-10808
CITY-ST-ZIP WILMINGTON DE

TITLE D
NAME JACKSON, NED C
STREET ADDRESS 1007 MARKET ST. M-10808
CITY-ST-ZIP WILMINGTON DE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ann L. Douglas

SECRETARY

4/19/95

802-774-5462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #