2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90089 011 ***150.00

DOCUMENT # P30091

1. Entity Name

ADS ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~5025 BRADFORD BLVD.~~ CUMMINGS RESEARCH PARK HUNTSVILLE AL 35805	~~5025 BRADFORD BLVD.~~ CUMMINGS RESEARCH PARK HUNTSVILLE AL 35805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5030 Bradford Drive	5030 Bradford Drive
Suite, Apt. #, etc. Bldg 1, Suite 210	Suite, Apt. #, etc. Bldg 1, Suite 210
City & State Huntsville, Al	City & State Huntsville, Al
Zip 35805 Country U.S.	Zip 35805 Country U.S

4. FEI Number 63-0915385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPFS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, ALLAN J		NAME		
STREET ADDRESS	5025 BRADFORD BLVD		STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL 35805		CITY-ST-ZIP		
TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	GRAF, PAUL E		NAME	Lawrence D. Milligan	
STREET ADDRESS	C/O AXEL JOHNSON INC., 300 ATLANTIC ST.		STREET ADDRESS	300 Atlantic Street	
CITY-ST-ZIP	STAMFORD CT 06901		CITY-ST-ZIP	Stamford, CT	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMORADA, JOSEPH F		NAME		
STREET ADDRESS	C/O AXEL JOHNSON INC, 300 ATLANTIC ST		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06901		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WYSOCK, STEPHEN		NAME		
STREET ADDRESS	5025 BRADFORD BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL		CITY-ST-ZIP		
TITLE	AS	☑ Delete	TITLE	AS	☐ Change ☑ Addition
NAME	GATES, SIGNE		NAME	Egnar M. Rod	
STREET ADDRESS	C/O AXEL JOHNSON , INC. 300 ATLANTIC ST.		STREET ADDRESS	300 Atlantic Street	
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP	Stamford, CT	
TITLE	AT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURPHY, CHARLES E.		NAME		
STREET ADDRESS	300 ATLANTIC STREET		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP		

CR2E034 (9/99)

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 or 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.

SIGNATURE: _____ 25Feb00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #