2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am **DOCUMENT # P30091** Entity Name¹ **Secretary of State** ADS ENVIRONMENTAL SERVICES, INC. 03-02-2000 90089 011 ***150.00 Principal Place of Business Mailing Address 5025-BRADFORD-BLVD: CUMMINGS RESEARCH PARK CUMMINGS RESEARCH PARK HUUVVV--HUNTSVILLE AL 35805 HUNTSVILLE AL 35805 3. Mailing Address 2. Principal Place of Business 5030 Bradford Doine 5030 Bradford Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Bldg 1, Suite 210 Bld 1, Suite 210 City & State City & State 4. FEI Number Applied For 63-0915385 Hundoville, Huntsvilla Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE WILLIAMSON, ALLAN J NAME NAME STREET ADDRESS 5025 BRADFORD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUNTSVILLE AL 35805** Delete TITLE Change Addition ence D. MI Illean NAME GRAF, PAUL E NAME FH KINTIC Streat STREET ADDRESS C/O AXEL JOHNSON INC., 300 ATLANTIC ST. STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP STAMFORD CT 06901-~ Stam ford, CT Change ☐ Addition . Delete TITI F TITLE SMORADA, JOSEPH F NAME NAME STREET ADDRESS C/O AXEL JOHNSON INC, 300 ATLANTIC ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06901 Defete ☐ Change Addition TITLE TITLE WYSOCK, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 5025 BRADFORD BOULEVARD CITY-ST-7/P CITY-ST-ZIP HUNTSVILLE AL Delete ☐ Change Addition AS TITLE TITLE ETNAR M. Rod NAME GATES, SIGNE NAME 300 Atlantic Streat STREET ADDRESS STREET ADDRESS C/O AXEL JOHNSON, INC. 300 ATLANTIC ST. CITY-ST-7IP CITY-ST-ZIP STAMFORD CT ☐ Delete - Addition Change TITLE ΑT TITLE MURPHY, CHARLES E. NAME NAME STREET ADDRESS STREET ADDRESS 300 ATLANTIC STREET CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT I hereby certify that the information supplied with this filling 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 received or true true amount of the received or true true 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 received or true true and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE: 25 % 600

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