

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P31116** (7)
1. Corporation Name
ZIMPRO ENVIRONMENTAL, INC.



Principal Place of Business 301 W MILITARY RD 301 WEST MILITARY ROAD ROTHSCHILD WI 54474 US	Mailing Address 301 W MILITARY RD ROTHSCHILD WI 54474 1044 US
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 181 THORN HILL ROAD Suite, Apt. #, etc. 27 City & State 28 WARRENDALE, PA Zip 29 15086 Country 30 U.S.A.
--	--

3. Date Incorporated or Qualified 09/28/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 39-1677680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 107TH STREET, SUITE 005 NORTH MIAMI BEACH FL 33162	
81 Name UNITED CORPORATE SERVICES, INC.	82 Street Address (P.O. Box Number Is Not Acceptable) 801 NORTHEAST 107TH ST., SUITE 305
83	84 City NORTH MIAMI BEACH
85 Zip Code 33162	86

10. Name and Address of New Registered Agent	
81 Name UNITED CORPORATE SERVICES, INC.	82 Street Address (P.O. Box Number Is Not Acceptable) 801 NORTHEAST 107TH ST., SUITE 305
83	84 City NORTH MIAMI BEACH
85 Zip Code 33162	86

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	COBD
NAME	LANDEGER, CARL C
STREET ADDRESS	215 72ND STREET
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	DP
NAME	MALAYA, RONALD P
STREET ADDRESS	915 GRANT STREET
CITY-ST-ZIP	WAUSAU WI 54403
TITLE	D
NAME	AGRININ, RONALD D
STREET ADDRESS	21 BRIAR WOOD TRAIL
CITY-ST-ZIP	STANFORD CT 06903
TITLE	D
NAME	DAWES, DEXTER B
STREET ADDRESS	350 SANTA RITA AVE
CITY-ST-ZIP	PALO ALTO CA 94301
TITLE	D
NAME	MALAYA, CLAUDIA L
STREET ADDRESS	915 GRANT STREET
CITY-ST-ZIP	WAUSAU WI 54403
TITLE	D
NAME	READE, K. DEANE JR
STREET ADDRESS	399 EAST 72ND APT 7E
CITY-ST-ZIP	NEW YORK NY 10021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: GARY L STRAWN, J.P. 4/5/97 705 359-7211
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Directors (S.S. No.)

Damian C. Georgino
(196-44-7682)

Andrew D. Seidel
(161-52-8229)

Kevin L. Spence
(560-90-5718)

Officers (S.S. No.)

Gerald E. Rogers
(184-42-6198)

James W. Dierker
(535-55-8957)

Damian C. Georgino
(196-44-7682)

Andrew D. Seidel
(161-52-8229)

Kevin L. Spence
(560-90-5718)

Gary M. Stroyny
(395-46-8001)

Michael E. Hulme, Jr.
(570-78-9350)

Title

Director

Director

Director

Title

President

Vice President, Controller &
Treasurer

Vice President, Secretary &
Assistant Treasurer

Vice President

Vice President

Vice President

Assistant Treasurer &
Assistant Secretary

Personal Address

41-800 Jones Lane
Palm Desert, CA 92211

47-280 Prince's Plume Lane
Palm Desert, CA 92260

43-717 Via Majorca
Palm Desert, CA 92211

Personal Address

503 Dogwood Court
Moon Township, PA 15108

44-375 Kings Canyon Lane
Palm Desert, CA 92260

41-800 Jones Lane
Palm Desert, CA 92211

47-280 Prince's Plume Lane
Palm Desert, CA 92260

43-717 Via Majorca
Palm Desert, CA 92211

1823 Plantation
Mosinee , WI 54455

7970 Deer Grass
Palm Desert, CA 92260