## DOCUMENT # P31357

1. Entity Name

DIVERSIFIED ENVIRONMENTAL MANAGEMENT CO.

Principal Place of Busine
RIVERPLACE, SUITE 200
DAYTON OH 45405

Suite, Apt. #, etc.

Mailing Address

P.O.BOX 1510 ATTN: TAX DEPT. DAYTON OH 45401

2.	Principal	Place of	Business

Suite, Apt. #, etc.

ity &	State		

3. Mailing Address

City & State	4. FEI Number

## **FILED** Mar 20, 2001 8:00 am Secretary of State

03-20-2001 90034 032 \*\*\*150.00

731669



DO NOT WRITE IN THIS SPACE

31-1305534

Zip	Country	Zip	Country	5. Certificate of Status Desired	See 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			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324							
			City		Zip Code		

(NOTE: Registered Agent signature required when reinstating)

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. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See Chiel	ia on back)	Make Check Payable	to Department	or State	•		
11. OFFICERS AND DIRECTORS		12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gahrieot, Rosalie 375 Copper Beach Ct Centerville oh 45459	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	GEARICH	<b>⊠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCSWINEY, RONALD C 448 STONEHAVEN ROAD DAYTON OH 45429	<b>⊠</b> Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9401	RUSSELL DAVID ANDREW WAY ILLE, OHIO 45458	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIS, THOMAS J 2 RIVERPLACE, SUITE 400 DAYTON OH 45405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCANN, GREGORY 2 RIVERPLACE, SUITE 400 DAYTON OH 45405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDE	NT , SECRETAINY	<b>€</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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.