

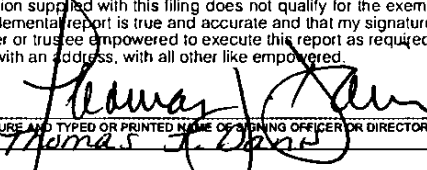
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 037 ***150.00

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DOCUMENT # P31357			
1. Entity Name DIVERSIFIED ENVIRONMENTAL MANAGEMENT CO.			
Principal Place of Business 2 RIVERPLACE, SUITE 300 DAYTON, OH 45405 US		Mailing Address 2 RIVERPLACE, SUITE 300 DAYTON, OH 45405 US	
2. Principal Place of Business 110 N. Main Street Suite, Apt. #, etc. Suite 1300 City & State Dayton OH Zip 45402 Country US		3. Mailing Address 110 N. Main Street Suite, Apt. #, etc. Suite 1300 City & State Dayton OH Zip 45402 Country US	
04202006		Chg-P CR2E034 (11/05)	
4. FEI Number 31-1305534		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, JOHN P 1120 ELMCREEK CIRCLE DAYTON, OH 45458 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DANIS, THOMAS J 2 RIVERPLACE, SUITE 400 DAYTON, OH 45405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, C, D ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/26/06 937-228-4141 Date Daytime Phone #	