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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P31357

1. Entity Name
DIVERSIFIED ENVIRONMENTAL MANAGEMENT CO.

60031588

Principal Place of Business	Mailing Address
2 RIVERPLACE, SUITE 300 DAYTON, OH 45405 US	2 RIVERPLACE, SUITE 300 DAYTON, OH 45405 US

04202006 Chg-P CR2E034 (11/05)

	2. Principal Place of Business	3. Mailing Address
Street	110 N. Main Street	110 N. Main Street
Suite, Apt. #, etc.	Suite 1300	Suite 1300
City & State	Dayton OH	Dayton OH
Zip	45402	45402
Country	US	US

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 ______
Signature, typed or printed name of registered agent and title if applicable. (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
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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: Thomas J. Danis (signature) Thomas J. Danis — 4/26/06 — 937-228-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #