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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

FILED

May 13 1998 8:00am

Secretary of State

MASTE	CH SYSTEMS CORPORAT	rion .			
Principal Place	e of Business	Mailing Address	,44		BIDIS BIBSI DIDIL EIDIL BEBII IODI
1004 MCKEE	RD	1004 MCKEE RD			
OAKDALE PA 15071-1099 OAKDALE PA 15071-1099			DO NOT INDITE IN T	HO ODAOE	
US		US		DO NOT WRITE IN To 3. Date Incorporated or Qualified	HIS SPACE
				11/16/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		25-1529755	Not Applicable
Sulte, Apt.	#, etc.	Suite Apt #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_ 	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
CT	CORPORATION SYSTEM	etti negisteren Agent	81 Name	(U. Haille and Addless of New Hegiste	I DU AYON
	O S PINE ISLAND RD				
	INTATION FL 33324		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	WIATION 12 00024		83	· · · · · · · · · · · · · · · · · · ·	
			84 City	1	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corpo	oration submits this statement for the purpo-	se of changing its registered
office or r	egiste red agent, or both, in the Sta m fam iliar with, and accept the obl	ite of Horida. Such change was a locations of .Section 607 0505. Flo	uthorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
SIGNATURE.	Signature, typed or printed mone of registeres a	agent and title if applicable (NOTE	Registered Agent signature require	d when reinstating) DA	îE .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	CPD ACHOY	☐ DELETE	1.1 TITLE		Change Addition
NAME	TRIVEDI, ASHOK 1415 STURDY OAK DR.		1.2 NAME		
STREET ADDRESS	PITTSBURGH PA		1.3 STREET ADDRESS		
CITY-ST-ZIP	CCD	☐ DELETE	1.4 CITY-SI-ZIP		Change Addition
TITLE	WADHWANI, SUNIL	בן סכננונ	21 TITLE		CT CHANGE CT Addition
NAME CERTE LABORCO	930 OSAGE RD		2 2 NAME		
STREET ADDRESS	PITTSBURGH PA		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VPF	DELETE	2. 4 C/TY - ST - Z/P 3.1 T/TLE		Change Addition
NAME	ZUGAY, MIKE	7	3.2 NAME		
STREET ADDRESS	1004 MCKEE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKDALE PA		3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE	TREASURBR,	☐ Change 🗓 Addition
NAME			4. 2 NAME	MARY COLIN	
STREET ADDRESS			4.3 STREET ADDRESS	MARY COLIN 1004 MCKEERD OAKDAJE, PA 1507	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	OAKDAJE, PA 1507	7/
TITLE		☐ DÉLETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The second	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. 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 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 observer 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 for on an attributine; with the address.