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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90144 038 ***150.00

DOCUMENT # P36292

1. Corporation Name
REMEDIATION TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
9 POND LAND DAMONMILL SQUARE CONCORD MA 01742	81 WYMAN STREET WALTHAM MA 02254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/14/1991

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 04-2896814 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNLAP, ROBERT W.		1.2 NAME		
STREET ADDRESS	94 CREST RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY MA 02181		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	APPLETON, JOHN P.		2.2 NAME		
STREET ADDRESS	81 WYMAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	POWELL, JEFFREY		3.2 NAME	Powell, Jeffrey	
STREET ADDRESS	1467 DEER LAKE CIR.		3.3 STREET ADDRESS	9 Pond Lane, Suite 5A	
CITY-ST-ZIP	APOPKA FL 32703		3.4 CITY-ST-ZIP	Concord, MA 01742	
TITLE	D	☒ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	DUNLAP, ROBERT W.		4.2 NAME	Robert V. Aghababain	
STREET ADDRESS	92 CREST RD.		4.3 STREET ADDRESS	81 Wyman Street	
CITY-ST-ZIP	WELLESLEY MA 02181		4.4 CITY-ST-ZIP	Waltham, MA 02454	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, SANDRA L.		5.2 NAME		
STREET ADDRESS	149 COLLEGE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA 01742		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KNUPP, MICHAEL D.		6.2 NAME		
STREET ADDRESS	9 POND LANE, DAMONMILL SQUARE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA		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 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, with all other like empowered.

SIGNATURE: [signature] Robert V. Aghababian 4-26-99 781.622.1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)