FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P36798 (7)INTERNATIONAL ENVIRONMENTAL RESOURCES INC. Principal Place of Business Mailing Address 2 STAFFORD COURT 80 ACCESS ROAD CRANSTON RI 02920 WARWICK RI 02886 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 05-0448266 21 2 Stafford Court Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Cranston. RI 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 02920 US Personal Property Tax due June 30. 25 30 [] Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 105**

FILED Apr 03 1998 8:00am Secretary of State

Applied For

Not Applicable

TALLAHASSEE FL 32301			83	ļ				
			84	City		FL 85	Zip Co	de
office or re	to the provisions of Soctions 607 0502 and egistored agent, or both, in the State of FI im familiar with, and accept the obligations	orida. Such change was au	thorized b	vithe carpo	orporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of change appointme	ging its r ent as re	egistered gistered
SIGNATURE	I. Signature, type to pointed name of regularies against and	title if applicable (NOIE:	Registered Ag	ent signalure re	required when reinstating) DA	ÑĒ		
12.	OFFICERS AND DIF	RECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS	IN 12
TITLE	DP	DELETE	1.1 TITLE			☐ Ch	ange	Addition
NAME	NEY, JAMES J.		1.2 NAME					
STREET ADDRESS	99 HOOPER LEDGE ROAD		1.3 STREET	ADDRESS				
CITY - S1 - ZIP	SO. PARIS ME		1.4 CHY-5	ST - ZIP				
TITLE	DVST	DELETE	2.1 TITLE			Ch	ange	Addition
NAME	FAIN, LYLE		2.2 NAME					
STREET ADDRESS	60 MANNING STR		2 3 STREET	ADDRESS				
CITY-ST-ZIP	PROVIDENCE RI		2 4 CHY-	ST-ZIP			·	
TITLE		DELETE.	3.1 TITLE	ļ		☐ Ch	ange	Addition
NAME			3.2 NAME	İ				
STREET ADDRESS			3.3 STREFT	ADDRESS				
CITY-ST-7IP			3 4, CITY-	ST - ZIP				
TITLE		DELETE	4.1 THLE			☐ Ch	ange	Addition
NAME			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREE 1	ADDRESS				
CITY-ST-7IP			4.4 CITY - 9	S1 - ZIP				
TITLE		DELETE	5.1 TITLE	l l		L] Ch	ange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-7IP			5.4 CITY - 5	S1 - 21P				
TITLE		☐ DELETE	6.1 1111.6	- 1		☐ Ch	ange	Addition
NAME			6.5 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	51 - ZIP				

14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation of the residence of the r

SIGNATURE:

3/30/98 (401)450-1500