

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39966 (7)

1. Corporation Name

HAZEN AND SAWYER ENVIRONMENTAL CONSULTANTS, INC.



Principal Place of Business

730 BROADWAY
NEW YORK NY 10003

Mailing Address

730 BROADWAY
NEW YORK NY 10003

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

01/20/1995

4. FEI Number

13-2969935

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, PETER E.
HAZEN AND SAWYER ENVIR. CONSULTANTS INC
4000 HOLLYWOOD BOULEVARD SUITE 750N
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☒ DELETE

NAME CD SINNOTT, WALTER B.

STREET ADDRESS 730 BROADWAY

CITY-ST-ZIP NEW YORK NY

1. 2.1 TITLE ☐ DELETE

NAME PD HAGADORN, ROBERT E.

STREET ADDRESS 730 BROADWAY

CITY-ST-ZIP NEW YORK NY

1. 3.1 TITLE ☐ DELETE

NAME VDST LASTIHENOS, JERRY

STREET ADDRESS 730 BROADWAY

CITY-ST-ZIP NEW YORK NY

1. 4.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 6.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 7.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)