FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 18 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40072** **(1)**

1. Corporation Name
ADVANCED REMEDIATION TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
30 TRICNIT RD #16 NEW IPSWICH NH 03071 US	30 TRICNIT RD #16 NEW IPSWICH NH 03071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1992**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21: 659 Turnpike Rd
22: Suite, Apt #, etc.
23: New Ipswich NH
24: 03071 Zip
25: Country

2a. Mailing Address
26: 659 Turnpike Rd
27: Suite, Apt #, etc.
28: New Ipswich, NH
29: 03071 Zip
30: Country

4. FEI Number: **04-3103055** ☐ 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

9. Name and Address of Current Registered Agent

RICHARD, KENNETH P.
1410 MACKERAL AVE.
MERRITT ISLAND FL 32952

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 name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	GOGUEN, ROBIN	12 NAME	
STREET ADDRESS	21 SCHOOL ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FITCHBURG MA	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	MINER, TIMOTHY J.	22 NAME	
STREET ADDRESS	11 HORSEHILL RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MARLBOROUGH NH	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, MICHAEL E.	32 NAME	
STREET ADDRESS	48 FITCHBURG ST. RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ASHBY MA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	YOUNG, RONALD	42 NAME	
STREET ADDRESS	EAST MAIN ST	43 STREET ADDRESS	
CITY-ST-ZIP	RINDGE NH	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the 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: _____ 4/12/95 603-878-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483400 FN