

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P41036

FILED
Oct 27, 2004
Secretary of State

Entity Name: LAKESIDE ENVIRONMENTAL CONSULTANTS, INC.

Current Principal Place of Business:

301 LAKESIDE DRIVE
SOUTHAMPTON, PA 18966 US

New Principal Place of Business:

Current Mailing Address:

301 LAKESIDE DRIVE
SOUTHAMPTON, PA 18966 US

New Mailing Address:

FEI Number: 23-2692311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HOLEWINSKI, DENNIS,
Address: 301 LAKESIDE DRIVE
City-St-Zip: SOUTHAMPTON, PA 18966

Title: COO () Delete
Name: CHARLTON, PHILP
Address: 520 BUSINESS PARK CIRCLE
City-St-Zip: STOUGHTON, WI

Title: T () Delete
Name: LEROY, DOUGLAS
Address: 301 LAKESIDE DRIVE
City-St-Zip: SOUTHAMPTON, PA 18966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: CHARLTON, PHILIP
Address: 520 BUSINESS PARK CIRCLE
City-St-Zip: STOUGHTON, WI

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS LEROY

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10/27/2004

Electronic Signature of Signing Officer or Director

Date