FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # P93000085629 **Secretary of State** 1. Entity Name CHEMICAL POLLUTION CONTROL, INC. OF FLORIDA - A 02-13-2002 90014 013 ***150.00 21ST CENTURY ENVIRONMENTAL MANAGEMENT COMPANY Principal Place of Business Mailing Address 5151 SAN FELIPE 5151 SAN FELIPE **SUITE 1600** SUITE 1600 HOUSTON TX 77056 HOUSTON TX 77056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0476480 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ageπt 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)TITLE Delete ☐ Addition NAME RECATTO, BRIAN NAME CR2E034 STREET ADDRESS 5151 SAN FELIPE STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition VΡ TITLE NAME THURSTON, PHIL NAME STREET ADDRESS STREET ADDRESS 5151 SAN FELIPE CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME HUSTON, DEBORAH STREET ADDRESS 5151 SAN FELIPE STREET ADDRESS CITY-ST-7IP **HOUSTON TX 77056** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ELFANT, NOEL NAME STREET ADDRESS 9700 HIGGINS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSEMONT IL 60018** TITLE ☐ Delete ☐ Change TITLE Addition NAME FERNANDES, ANTHONY NAME STREET ADDRESS 9700 HIGGINS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSEMONT IL 60018** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE:

.. changed, or on an attachment with