SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 10:57

DOCUMENT # P94000085789 (3)

1. Corporation Name
ECOLOGICAL SERVICES GROUP (USA), INC.

Principal Place of Business
~~5904 SENEGAL DR.~~
~~JUPITER FL 33458~~

Mailing Address
~~5904 SENEGAL DR.~~
~~JUPITER FL 33458~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 824 US Route 1	26 824 US Route 1
Suite, Apt. #, etc 22 Suite 220	Suite, Apt. #, etc. 27 Suite 220
City & State 23 North Palm Beach, Florida	City & State 28 North Palm Beach, Florida
Zip 24 33408 — Country 25 U.S.A	Zip 29 33408 — Country 30 U.S.A.

4. FEI Number: 65 0539425 — ☐ 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

VOLPE, MICHAEL J ESQ
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES FL 33940

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 ______________________
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	WREN, CHRISTOPHER D	1 2 NAME	
STREET ADDRESS	361 SOUTHGATE DR.	1 3 STREET ADDRESS	
CITY ST ZIP	GUELPH, ONTARIO, CA N1G 3M5 FL 33458	1 4 CITY ST ZIP	
TITLE	STD	2 1 TITLE	☐ Change ☐ Addition
NAME	HAGARTY, JEROME M	2 2 NAME	
STREET ADDRESS	361 SOUTHGATE DR.	2 3 STREET ADDRESS	
CITY ST ZIP	GUELPH, ONTARIO, CA N1G 3M5 FL 33458	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Chris Wren — 519-836-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0060217 CP