

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005342

**Entity Name:** CONSOLIDATED ENVIRONMENTAL MANAGEMENT, INC.**Current Principal Place of Business:**13920 WILLISTON WAY  
NAPLES, FL 34119**Current Mailing Address:**1915 REXFORD ROAD  
CHARLOTTE, NC 28211**FEI Number: 56-2240043****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title P  
Name STRATMAN, ROBERT J  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title D,AS  
Name BOWERS, ELIZABETH W  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title S  
Name EAGLE, A R  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name NAPOLITAN, RAYMOND S JR.  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title D,VP  
Name ROWLAN, STEVEN J  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title DVPT  
Name FRIAS, JAMES D  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name MAERO, NORMAN L  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP, ASST. SECRETARY  
Name TRUE, BRADFORD G  
Address 1915 REXFORD ROAD  
City-State-Zip: CHARLOTTE NC 28211

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*I hereby 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 all other like empowered.*

**SIGNATURE: ELIZABETH W. BOWERS****ASSISTANT SECRETARY 03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name JACOBS, JOHNNY E  
Address 8325 HIGHWAY 3125  
City-State-Zip: CONVENT LA 70723

Title ASST. SECRETARY  
Name BATESOLE, LEE W  
Address 6610 COUNTY ROAD 60  
City-State-Zip: ST. JOE IN 46785