

2014 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 02/13/2014**_____
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 BEHR, AL
Address 1501 W DARLINGTON STREET
City-State-Zip: FLORENCE SC 29501

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