SIGNATURE:

# 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 02-21-2005 90067 034 \*\*\*150 00 **DOCUMENT #831462** ECOLOCHEM, INC. Principal Place of Business Mailing Address 4545 PATENT ROAD 4545 PATENT ROAD NORFOLK, VA 23502 NORFOLK, VA 23502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 54-0947592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE, FL 32301 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ASCF TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANDON, MARY S NAME NAME STREET ADORESS 1496 WAKEFIELD DR STREET ADDRESS CITY+ST-ZIP VIRGINIA BEACH, VA 23455 CITY-ST-ZIP STD Change Change ЛΠΕ Delete TITLE Addition DICKERSON, DOUGLAS G. NAME STREET ADDRESS 1204 KAMICHI CT STREET ADDRESS VA. BEACH, VA 23451 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition DICKERSON, LYMAN B NAME NAME STREET ADDRESS 280 LEUCADENDRA DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CORAL GABLES, FL Delete TITLE ☐ Addition TITLE ☐ Change TAYLOR, ROGER J NAME NAME STREET ADDRESS 1116 DEL HAVEN CT STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH, VA 23455 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME see attached STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2005 8:00 am

<u>757-855-900 0</u>

Date

# ATTACHMENT H MAY 20013517 Ecolochem, Inc.

# Officers

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John F. Curtis-Treasurer

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Business: 65 Grove Street

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Stephen Korn-Secretary

Residence: 65 Grove Street

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Mary S. Landon- CFO/Assistant Secretary

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