

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000464 (4)
1. Corporation Name
MARCOR REMEDIATION, INC.



Principal Place of Business 246 COCKEYSVILLE RD. HUNT VALLEY MD 21030	Mailing Address P.O. BOX 1043 HUNT VALLEY MD 21030
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 01/28/1997	
4. FEI Number 52-2006784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Vice Chairman & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, RICHARD D	1.2 NAME	Richard D. Ehrlich
STREET ADDRESS	246 COCKEYSVILLE RD.	1.3 STREET ADDRESS	246 Cockeysville Road
CITY-ST-ZIP	HUNT VALLEY MD 21030	1.4 CITY-ST-ZIP	Hunt Valley, MD 21030
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGERS, DAVID A	2.2 NAME	David A. Jungers
STREET ADDRESS	246 COCKEYSVILLE RD.	2.3 STREET ADDRESS	246 Cockeysville Road
CITY-ST-ZIP	HUNT VALLEY MD 21030	2.4 CITY-ST-ZIP	Hunt Valley, MD 21030
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TIMOTHY J	3.2 NAME	Timothy J. Miller
STREET ADDRESS	246 COCKEYSVILLE RD.	3.3 STREET ADDRESS	246 Cockeysville Road
CITY-ST-ZIP	HUNT VALLEY MD 21030	3.4 CITY-ST-ZIP	Hunt Valley, MD 21030
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Sr. VP, Sales & Marketing <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, MICHAEL J	4.2 NAME	Michael J. Wyatt
STREET ADDRESS	246 COCKEYSVILLE RD.	4.3 STREET ADDRESS	246 Cockeysville Road
CITY-ST-ZIP	HUNT VALLEY MD 21030	4.4 CITY-ST-ZIP	Hunt Valley, MD 21030
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, MICHAEL J	5.2 NAME	Richard A. Clarke
STREET ADDRESS	246 COCKEYSVILLE RD.	5.3 STREET ADDRESS	246 Cockeysville Road
CITY-ST-ZIP	HUNT VALLEY MD 21030	5.4 CITY-ST-ZIP	Hunt Valley, MD 21030
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	SEE ATTACHMENT A FOR A COMPLETE LIST.
NAME	ZINK, MICHAEL S	6.2 NAME	***150.00
STREET ADDRESS	246 COCKEYSVILLE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	6.4 CITY-ST-ZIP	

400002417734 Change Addition

SEE ATTACHMENT A FOR A COMPLETE LIST.

*****150.00**

14. 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 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.

CR2E034 (10/97)