

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000464

FILED
Mar 20, 2009
Secretary of State

Entity Name: MARCOR REMEDIATION, INC.

Current Principal Place of Business:

246 COCKEYSVILLE RD
SUITE 1
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

246 COCKEYSVILLE RD
SUITE 1
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 52-2006784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: EHRlich, RICHARD D
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

Title: P () Delete
Name: JUNGERS, DAVID A
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

Title: VP () Delete
Name: MILLER, TIMOTHY J
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

Title: DVC () Delete
Name: CLARKE, RICHARD A
Address: 246 COCKEYSVILLE RD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: V (X) Delete
Name: MILLER, TIMOTHY J
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

Title: S/T (X) Delete
Name: WELZENBACH, PAMELA A
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JUNGERS, DAVID A
Address: 246 COCKEYSVILLE RD.
City-St-Zip: HUNT VALLEY, MD 21030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLARKE, RICHARD A
Address: 246 COCKEYSVILLE RD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH SEYMOUR

AA

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date