

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18163** (6)
1. Corporation Name
EA ENGINEERING, SCIENCE, AND TECHNOLOGY, INC.



Principal Place of Business: **11019 MCCORMICK RD HUNT VALLEY MD 21031**
Mailing Address: **11019 MCCORMICK RD HUNT VALLEY MD 21031**

3. Date Incorporated or Qualified: **02/26/1988** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **52-0991911** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. 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 City: 84 City: 85 Zip Code: **FL**

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, LOREN D.	1.2 NAME	
STREET ADDRESS	10 BURNBRAE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWER, EDWARD V.	2.2 NAME	Jensen, Loren D.
STREET ADDRESS	12323 MICHAELSFORD RD.	2.3 STREET ADDRESS	10 Burnbrae Rd
CITY-ST-ZIP	HUNT VALLEY MD	2.4 CITY-ST-ZIP	Towson, MD
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMALIAN, STEPHEN J.	3.2 NAME	
STREET ADDRESS	3417 MT. ZION RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	UPPERCO MD	3.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADARO, JOSEPH A.	4.2 NAME	
STREET ADDRESS	2 BROMLEY COURT	4.3 STREET ADDRESS	Timonium, MD
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOAN B.	5.2 NAME	As Spadaro, Joseph A.
STREET ADDRESS	1568 COTTAGE LANE	5.3 STREET ADDRESS	2 Bromley Court
CITY-ST-ZIP	TOWSON MD	5.4 CITY-ST-ZIP	Timonium, MD
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, GERALD J.	6.2 NAME	Delete Gerald J. Lauer
STREET ADDRESS	3 WASHINGTON CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURGH NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: **3/12/96** (410) 584-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)