

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

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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address
11019 MCCORMICK RD 11019 MCCORMICK RD
HUNT VALLEY MD 21031 HUNT VALLEY MD 21031-1423

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1988		3a. Date of Last Report 03/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-0991911		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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				84 City			
				FL		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	<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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOWER, EDWARD V.		2.2 NAME				
STREET ADDRESS	10 BURNBRAE RD.		2.3 STREET ADDRESS				
CITY - ST - ZIP	TOWSON MD		2.4 CITY - ST - ZIP				
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPADARO, JOSEPH A.		4.2 NAME				
STREET ADDRESS	2 BROMLEY COURT		4.3 STREET ADDRESS				
CITY - ST - ZIP	TIMONIUM MD		4.4 CITY - ST - ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPADARO, JOSEPH A		5.2 NAME				
STREET ADDRESS	2 BROMLEY COURT		5.3 STREET ADDRESS				
CITY - ST - ZIP	TIMONIUM MD		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do 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.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joseph A. Spadaro
Exec VP/KFB/25/97 (410) 584-7000

CR2E034 (9/96)