

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

FILED
Apr 22 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1988	
21		26		4. FEI Number 52-0991911	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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
				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	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAMMALIAN, STEPHEN J.			2.2 NAME	Jack P. Adler		
STREET ADDRESS	3417 MT. ZION RD.			2.3 STREET ADDRESS	11019 McCormick Rd		
CITY-ST-ZIP	UPPERCO MD			2.4 CITY-ST-ZIP	Hunt Valley MD 21031		
TITLE	TV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPADARO, JOSEPH A.			3.2 NAME	Barbara L. Posner		
STREET ADDRESS	2 BROMLEY COURT			3.3 STREET ADDRESS	11019 McCormick Rd		
CITY-ST-ZIP	TIMONIUM MD			3.4 CITY-ST-ZIP	Hunt Valley MD 21031		
TITLE	AS	<input checked="" 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		<input type="checkbox"/> DELETE		5.1 TITLE	Donald A. Deieso President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	11019 McCormick Rd		
STREET ADDRESS				5.3 STREET ADDRESS	Hunt Valley MD 21031		
CITY-ST-ZIP				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 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 in an attachment with an address.

SIGNATURE _____ SR Vice President 4/12 108(410) 584-7000

CR2E034 (10/97)