

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003577

FILED
Jan 04, 2010
Secretary of State

Entity Name: EMCON/OWT, INC.

Current Principal Place of Business:

4171 ESSEN LANE
ATTN: DEBRA J. ROBERSON
BATON ROUGE, LA 70809

New Principal Place of Business:

Current Mailing Address:

4171 ESSEN LANE
ATTN: DEBRA J. ROBERSON
BATON ROUGE, LA 70809

New Mailing Address:

FEI Number: 77-0589893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: BEVAN, GEORGE P
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

Title: COO
Name: THOMPSON, PATRICK G
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

Title: EVPT
Name: FERRAIOLI, BRIAN K
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

Title: AS
Name: COX, ELIZABETH S
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

Title: AS
Name: GREGORY, RANDALL C
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

Title: VPT
Name: BULLINGTON, DAVID L
Address: 4171 ESSEN LN
City-St-Zip: BATON ROUGE, LA 70809

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH S COX

AS

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date