

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000464

1. Corporation Name  
**MARCOR REMEDIATION, INC.**



Principal Place of Business  
246 COCKEYSVILLE RD.  
HUNT VALLEY MD 21030

Mailing Address  
P.O. BOX 1043  
HUNT VALLEY MD 21030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

52-2006784

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVC ☐ DELETE  
NAME EHRICH, RICHARD D  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME JUNGERS, DAVID A  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME MILLER, TIMOTHY J  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE  
NAME WYATT, MICHAEL J  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BURKE, MICHAEL J  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME ZINK, MICHAEL S  
STREET ADDRESS 246 COCKEYSVILLE RD.  
CITY-ST-ZIP HUNT VALLEY MD 21030

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Daniel A. Weidenbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DANIEL A. WEIDENBACH, SEC. TREAS.

1/22/99  
Date

(407) 785-0001  
Daytime Phone #

CR2E034 (11/98)