

**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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, RICHARD D	1.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGERS, DAVID A	2.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TIMOTHY J	3.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, MICHAEL J	4.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MICHAEL J	5.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINK, MICHAEL S	6.2 NAME	
STREET ADDRESS	246 COCKEYSVILLE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21030	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: *[Signature]* 1/22/99 (40) 785-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAMIELA A. WELZENBAUM, SEC. TREAS** Date: Daytime Phone #

CR2E034 (1/198)