2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000464

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90120 049 ***150.00

1. Entity Name

MARCOR REMEDIATION, INC.

Principal Place of Business	Mailing Address
246 COCKEYSVILLE RD. HUNT VALLEY MD 21030	P.O. BOX 1043 HUNT VALLEY MD 21030-6043

000052

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2006784 — Applied For / Not Applied

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVC	☐ Delete	TITLE	SEE ATTACHMENT A FOR COMPLETE LIST	☐ Change ☒ Additio
NAME	EHRLICH, RICHARD D		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Additio
NAME	JUNGERS, DAVID A		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Additio
NAME	MILLER, TIMOTHY J		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		
TITLE	SVP	☒ Delete	TITLE		☐ Change ☐ Additio
NAME	WYATT, MICHAEL J		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Additio
NAME	BURKE, MICHAEL J		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE		☐ Change ☐ Additio
NAME	ZINK, MICHAEL S		NAME		
STREET ADDRESS	246 COCKEYSVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD 21030		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela A. Welzenbach 1/20/00 (410) 785-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAMELA A. WELZENBACH, SEC./TREAS.