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May 01 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M75934 (3)
1. Corporation Name
RECLAMATION INC.

Principal Place of Business
%UNC INCORPORATED - TAX DEPARTMENT
175 ADMIRAL COCHRANE DRIVE
ANNAPOLIS MD 21401

Mailing Address
%UNC INCORPORATED - TAX DEPARTMENT
175 ADMIRAL COCHRANE DRIVE
ANNAPOLIS MD 21401-7367

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1988		3a. Date of Last Report 04/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1570869		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____
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	VSD	1.1 TITLE	
NAME	LANGE, RICHARD H.	1.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	DV
NAME	PEVENSTEIN, ROBERT L.	2.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	ASST	3.1 TITLE	ASAT
NAME	FAHEY, JAMES P.	3.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	PVT
NAME	MCLAIN, PAUL, X	4.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	KROUPA, SHARON A.
STREET ADDRESS		5.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ANNAPOLIS MD 21401
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

(410) 266-7333

SIGNATURE: _____ JAMES P. FAHEY ASST. TREASURER & ASST. SEC. 4/30/97