

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 PO BOX 2216 27 Suite, Apt. #, etc. 28 SCHENECTADY NY 29 Zip Country 12301-2216 30	3. Date Incorporated or Qualified 04/11/1988	4. FEI Number 52-1570869	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, RICHARD H.	1.2 NAME	BORNSTEIN, JEFFREY S.
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	1.3 STREET ADDRESS	1 NEUMANN WAY
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	CINCINNATI, OH 45215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEVENSTEIN, ROBERT L.	2.2 NAME	HENDERSON, STEPHEN P.
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	2.3 STREET ADDRESS	1 NEUMANN WAY
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	ASAT <input type="checkbox"/> DELETE	3.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	PVT <input type="checkbox"/> DELETE	4.1 TITLE	AVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	SD <input type="checkbox"/> DELETE	5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROUPA, SHARON A	5.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BUCHANAN, MARK E.
STREET ADDRESS		6.3 STREET ADDRESS	12 CORPORATE WOODS BLVD., ALBANY, NY 12211
CITY-ST-ZIP		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.

SIGNATURE _____ DATE 4/30/98 (518)433-4308

CR2E034 (10/97)

For Year: 1998

4/27/98

100105

Reclamation, Inc.
521570869

Name	Title	Business Address
Jeffrey S. Bornstein	Director	1 Neumann Way Cincinnati OH 45215 US
Jeffrey S. Bornstein	Vice President	1 Neumann Way Cincinnati OH 45215 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Steven Dunning	Treasurer	1 Neuman Way Cincinnati OH 45215 US
Jim Fahey	Assistant Treasurer	175 Admiral Cochrane Drive Annapolis 21401 US
Stephen P. Henderson	Secretary	1 Neumann Way Cincinnati OH 45215 US
Sharon A. Kroupa	Assistant Secretary	175 Admiral Cochrane Drive Annapolis 21401 US
Paul X. McLain	Assistant Vice President	175 Admiral Cochrane Drive Annapolis 21401 US
William J. Vareschi	President	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211