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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90072 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M75934

1. Corporation Name
RECLAMATION INC.

Principal Place of Business

Mailing Address

UNC INCORPORATED - TAX DEPARTMENT
175 ADMIRAL COCHRANE DRIVE
ANNAPOLIS MD 21401

P. O. BOX 2216
SCHENECTADY NY 12301-2216
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1988

4. FEI Number

52-1570869

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 Country

28 Zip Country

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

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 ☐ DELETE
NAME **VPD**
STREET ADDRESS **BORNSTEIN, JEFFREY S.**
CITY-ST-ZIP **1 NEUMANN WAY**
CINCINNATI OH 45215

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HENDERSON, STEPHEN P.**
CITY-ST-ZIP **1 NEUMANN WAY**
CINCINNATI OH 45215

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

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **FAHEY, JAMES P.**
CITY-ST-ZIP **175 ADMIRAL COCHRANE DR.**
ANNAPOLIS MD

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

TITLE ☐ DELETE
NAME **AVP**
STREET ADDRESS **MCLAIN, PAUL, X**
CITY-ST-ZIP **175 ADMIRAL COCHRANE DR**
ANNAPOLIS MD

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

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **KROUPA, SHARON A**
CITY-ST-ZIP **175 ADMIRAL COCHRANE DRIVE**
ANNAPOLIS MD 21401

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

TITLE ☐ DELETE
NAME **VPAT**
STREET ADDRESS **BUCHANAN, MARK E.**
CITY-ST-ZIP **12 CORPORATE WOODS BLVD**
ALBANY NY 12211

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VAT**
6.3 STREET ADDRESS **BARBARA A. MELITA**
6.4 CITY-ST-ZIP **12 CORPORATE WOODS BLVD.**
ALBANY, NY 12211

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.

BARBARA A. MELITA

SIGNATURE: *Barbara A. Melita*

VP & ASST. TREASURER 4/22/99

518-433-4308

CR2E034 (1/98)