

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28290

FILED
Apr 14, 2009
Secretary of State

Entity Name: GENERAL PHYSICS CORPORATION

Current Principal Place of Business:

6095 MARSHALEE DR., ST. 300
ATTN: KENNETH L. CRAWFORD
ELKRIDGE, MD 21075 US

New Principal Place of Business:

Current Mailing Address:

6095 MARSHALEE DR., ST. 300
ATTN: KENNETH L. CRAWFORD
ELKRIDGE, MD 21075 US

New Mailing Address:

FEI Number: 52-0845774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: CRAWFORD, KENNETH L
Address: 6095 MARSHALEE DR.
City-St-Zip: ELKRIDGE, MD 21075

Title: CEO () Delete
Name: GREENBERG, SCOTT N
Address: 6095 MARSHALEE DR.
City-St-Zip: ELKRIDGE, MD 21075

Title: PT () Delete
Name: SHARP, DOUGLAS E
Address: 6095 MARSHALEE DR.
City-St-Zip: ELKRIDGE, MD 21075

Title: CFO () Delete
Name: ESPOSITO-MAYER, SHARON
Address: 6095 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: V () Delete
Name: DUQUETTE, DONALD R
Address: 6095 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: V () Delete
Name: BAER, KARL
Address: 11 MAIN STREET
City-St-Zip: MYSTIC, CT 06355

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: CRAWFORD, KENNETH L
Address: 6095 MARSHALEE DR.
City-St-Zip: ELKRIDGE, MD 21075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH L. CRAWFORD

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date