

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32925

1. Entity Name

ENVIRONMENTAL ELEMENTS CORPORATION

Principal Place of Business

Mailing Address

3700 KOPPERS ST..
BALTIMORE MD 21227

3700 KOPPERS ST..
BALTIMORE MD 21227-1020

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

52-1303748

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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]

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
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
ROSEBERY, SUSAN L
5214 TILBURY WAY
BALTIMORE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
John L. Sams
3700 Koppers St
Baltimore, MD 21227 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
EDWARD H. VERDERY
1227 CHERRY TREE LANE
ANNAPOLIS MD ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NICHOLS, JOHN
1104 HIGH COUNTRY RD.
TOWSON MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPO
SUNSEITH, S MICHAEL
19 STEEPLEJACK CT
OWINGS MILLS MD ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODSIDE, SAMUEL
12997 JEROME JAY DR
HUNT VALLEY MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVP
SINCLAIR, JAMES B
6257 GOLDEN COIN CT
COLUMBIA MD 21045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES OK ☐ Change ☐ Addition

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:

[Signature]

Treasurer/VP

4/24/00

Date

410-368-7000

Daytime Phone #

CR2E034 (9/99)