


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P32925</b> 1. Entity Name ENVIRONMENTAL ELEMENTS CORPORATION	
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Principal Place of Business 3700 KOPPERS ST., BALTIMORE, MD 21227	Mailing Address 3700 KOPPERS ST., BALTIMORE, MD 21227
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**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1303748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000270144 03/19/05 00000 016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLS, JOHN 1104 HIGH COUNTRY RD. TOWSON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYCHLAK, LAWRENCE 3700 KOPPERS STREET BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WOODSIDE, SAMUEL 12997 JEROME JAY DR HUNT VALLEY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUG, RICHARD 3700 KOPPERS STREET HALETHORPE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYCHLAK, LAWRENCE 3700 KOPPERS STREET BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFY, JOSEPH J 1077 OLD COUNTRY RD SEVERNA PARK, MD 21146

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/08/05 4103687000 <small>Date Daytime Phone #</small>
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