

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213536658

1.) CORPORATION NAME:

**ENVIRON INTERNATIONAL CORPORATION**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **03463866**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 NORTH FAIRFAX DR  
SUITE 300

CITY/ST/ZIP: ARLINGTON, VA 22203-1619

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RONALD HUTCHENS				
TITLE:	DIRECTOR				
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1619				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GUY LEWIS				
TITLE:	CFO				
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1619				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	STEVE WASHBURN				
TITLE:	CEO				
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1619				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS VETRANO				
TITLE:	SECRETARY				
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1619				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	FRANK MARRAZZA				
TITLE:	PRESIDENT				
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1619				

NAME:	RUSSELL KEMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4350 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 300 ARLINGTON, VA 22203-1619		

NAME:	STEVEN KAHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4350 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 300 ARLINGTON, VA 22203-1619		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GUY LEWIS	GUY LEWIS, CFO	8/7/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.