

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212552048

1.) CORPORATION NAME:

Cardno TEC, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **03491958**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2496 OLD IVY ROAD SUITE 300
PO BOX 5127

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22905

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.

NAME:	William S Pavlick	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2496 Old Ivy Road Suite 300		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	JAMES W HUNT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	523 FIRST STREET		
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21403		
NAME:	DONALD E NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	772 TILMAN RD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	DANIEL M DICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3188 WALLINGFORD LANE		
CITY/ST/ZIP/CO:	KESWICK, VA 22947		
NAME:	JEFFREY IAN FORBES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	515 ST. PAULS TERRACE		
CITY/ST/ZIP/CO:	, , FN		
NAME:	WILLIAM C HALPERIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1819 CLIFF DRIVE SUITE F		
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93109		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L PHILLIPS DIRECTOR 455 SOUTH ATLANTIC AVE UNIT 4308 PONCE INLET, FL 32127	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JOHN RENSHAW DIRECTOR 5415 SW WESTGATE DR SUITE 100 PORTLAND, OR 97221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L VANANTWERP DIRECTOR 112 COBBLESTONE COURT WEST END, NC 27376	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ William S Pavlick SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	William S Pavlick, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/27/2013 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.			