

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211520480

1.) CORPORATION NAME:

**THE POOLE AND KENT CORPORATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **9/30/2011**

SCC ID NO: **F0143620**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4530 HOLLINS FERRY RD

CITY/ST/ZIP: BALTIMORE, MD 21227-

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: ADAM E SNAVELY  
TITLE: CEO/P  
ADDRESS: 4530 HOLLINS FERRY RD  
CITY/ST/ZIP/CO: BALTIMORE, MD 21227-

OFFICER

DIRECTOR

NAME: R KEVIN MATZ  
TITLE: VP/SOLE DIRE  
ADDRESS: 301 MERRITT SEVEN  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER

DIRECTOR

NAME: FRANK DONELAN  
TITLE: SECRETARY  
ADDRESS: C/O EMCOR GROUP INC  
301 MERRITT SEVEN  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER

DIRECTOR

NAME: JEFFREY A MODERACKI  
TITLE: CFO  
ADDRESS: 4530 HOLLINS FERRY RD  
CITY/ST/ZIP/CO: BALTIMORE, MD 21227-

OFFICER

DIRECTOR

NAME: JOHN T WARDLE  
TITLE: SVP  
ADDRESS: 4530 HOLLINS FERRY RD  
CITY/ST/ZIP/CO: BALTIMORE, MD 21227-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS P LYNOTT VICE PRESIDENT 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY E KROUSE VICE PRESIDENT 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN J MEREDITH VICE PRESIDENT 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD R CAMPBELL VICE PRESIDENT 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ R KEVIN MATZ	R KEVIN MATZ, VP/SOLE DIRE	9/6/2011
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.