

1.) CORPORATION NAME:

THE POOLE AND KENT CORPORATION

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0143620**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO/P		
ADDRESS:	4530 HOLLINS FERRY RD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21227		

NAME:	R KEVIN MATZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SOLE DIRE		
ADDRESS:	301 MERRITT SEVEN		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

NAME:	DONALD R CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4530 HOLLINS FERRY ROAD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21227		

NAME:	TIMOTHY E KROUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4530 HOLLINS FERRY ROAD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21227		

NAME:	THOMAS P LYNOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	4530 HOLLINS FERRY ROAD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21227		

NAME:	GLENN J MEREDITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4530 HOLLINS FERRY ROAD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21227		

NAME: JEFFREY A MODERACKI TITLE: CFO ADDRESS: 4530 HOLLINS FERRY RD CITY/ST/ZIP/CO: BALTIMORE, MD 21227	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARK M PORTO TITLE: ASST SECRETARY ADDRESS: C/O EMCOR GROUP INC CITY/ST/ZIP/CO: 301 MERRITT SEVEN NORWALK, CT 06851	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN T WARDLE TITLE: SVP ADDRESS: 4530 HOLLINS FERRY RD CITY/ST/ZIP/CO: BALTIMORE, MD 21227	<input checked="" type="checkbox"/> OFFICER <input 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/ R KEVIN MATZ	R KEVIN MATZ, VP/SOLE DIRE	9/9/2014
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.		