

1.) CORPORATION NAME:

MARINE SPILL RESPONSE CORPORATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1095811**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 220 SPRING ST
STE 500

CITY/ST/ZIP: HERNDON, VA 20170

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:	STEVEN BENZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	220 SPRING ST		
CITY/ST/ZIP/CO:	STE 500 HERNDON, VA 20170		

NAME:	JOE BOWLES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1330 INDUSTRY ST		
CITY/ST/ZIP/CO:	#100 EVERETT, WA 98203		

NAME:	DOUGLAS J. FERRARI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	220 SPRING ST		
CITY/ST/ZIP/CO:	STE 500 HERNDON, VA 20170		

NAME:	SCOTT MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	702 NATIONAL CT		
CITY/ST/ZIP/CO:	RICHMOND, CA 94804		

NAME:	MICHAEL J SAMPLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	220 SPRING ST STE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	JOHN SWIFT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	220 SPRING ST		
CITY/ST/ZIP/CO:	SUITE 500 HERNDON, VA 20170		

NAME:	DONALD A. TOENSHOFF JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	220 SPRING ST STE 500		
CITY/ST/ZIP/CO:	STE 500 HERNDON, VA 20170		
NAME:	MICHAEL G WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 N. SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	SUITE 204 HOUSTON, TX 77060		
NAME:	CHRISTINE MURPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	220 SPRING ST		
CITY/ST/ZIP/CO:	SUITE 500 HERNDON, VA 20170		
NAME:	GINA PACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	220 SPRING ST		
CITY/ST/ZIP/CO:	SUITE 500 HERNDON, VA 20170		
NAME:	BRETT G DREWRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8777 N. GAINEY CTR DR		
CITY/ST/ZIP/CO:	SUITE 165 SCOTTSDALE, AZ 85258		
NAME:	LORI MCCOOL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 RIVERWOOD		
CITY/ST/ZIP/CO:	BOERNE, TX 78006		
NAME:	MARK KELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	366 CASTELLO RD		
CITY/ST/ZIP/CO:	LAFAYETTE, CA 94549		
NAME:	TIM PLUMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	39 MARINER LANE		
CITY/ST/ZIP/CO:	BOWDOIN, ME 04287		
NAME:	JOHN V ZIMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11152 CONESTOGA CT		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		

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/ MICHAEL J SAMPLE	MICHAEL J SAMPLE, VP/SEC	1/8/2014
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.