

1.) CORPORATION NAME:

ENVIRON HOLDINGS, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1373648**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000
PREFER	250

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 NORTH FAIRFAX DRIVE
SUITE 300

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	GUY LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4350 NORTH FAIRFAX DR SUITE 300		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	STEPHEN WASHBURN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS VETRANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SHARI LIBICKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MICHAEL SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4350 NORTH FAIRFAX DRIVE SUITE 300		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: DAVID SCHLOTT TITLE: DIRECTOR ADDRESS: 4350 NORTH FAIRFAX DRIVE SUITE 300 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1619	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CARL ADAMS TITLE: DIRECTOR ADDRESS: 4350 NORTH FAIRFAX DRIVE SUITE 300 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1619	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN BELL TITLE: DIRECTOR ADDRESS: EAST PERTH CITY/ST/ZIP/CO: , , AU	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FABIO COLUMBO TITLE: DIRECTOR ADDRESS: MILAN CITY/ST/ZIP/CO: , , IT	<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/ GUY LEWIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GUY LEWIS, TREASURER PRINTED NAME AND CORPORATE TITLE	2/8/2013 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.		