

1.) CORPORATION NAME:

Halon Recycling Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
THOMAS A CORTINA
1001 19TH STREET NORTH
SUITE 1200**

ARLINGTON, VA 22209

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

DUE DATE: **10/29/2010**

SCC ID NO: **F1487026**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2550 M ST NW

CITY/ST/ZIP: WASHINGTON, DC 20037-

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD MARCUS			
TITLE:	TREASURER			
ADDRESS:	1100 HASKINS RD			
CITY/ST/ZIP/CO:	BOWLING GREEN, OH 43402-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVE CATCHPOLE			
TITLE:	CHAIRMAN			
ADDRESS:	5901 BARRY AVE			
CITY/ST/ZIP/CO:	ANCHORAGE, AK 99507-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	THOMAS CORTINA			
TITLE:	EXEC DIR			
ADDRESS:	2111 WILSON BLVD			
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN DEMETER			
TITLE:	DIRECTOR			
ADDRESS:	108 LIBERTY STREET			
CITY/ST/ZIP/CO:	METUCHEN, NJ 08840-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN TRINAJSTICH			
TITLE:	DIRECTOR			
ADDRESS:	4200 AIRPORT DRIVE			
CITY/ST/ZIP/CO:	WILSON, NC 27893-9643			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM JANNECK DIRECTOR PO BOX 100360 700 G STREET ANCHORAGE, AK 99510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN BENNETT DIRECTOR PO BOX 3707 MC OR-MA SEATTLE, WA 98124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL RICHARDSON DIRECTOR 1800 HIGHLAND AVE DUARTE, CA 91010-	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ THOMAS CORTINA</u>	<u>THOMAS CORTINA, EXEC DIR</u>	<u>9/30/2010</u>
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.