

1.) CORPORATION NAME:

Halon Recycling Corporation

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1487026**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1001 19th Street North
Suite 1200

CITY/ST/ZIP: Arlington, VA 22209

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

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

NAME:	THOMAS CORTINA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	1001 19TH STREET NORTH SUITE 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	ROBIN BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 3707 MC OR-MA		
CITY/ST/ZIP/CO:	SEATTLE, WA 98124		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE FANELLI DIRECTOR 1800 HIGHLAND AVE DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN TRINAJSTICH DIRECTOR 4200 AIRPORT DRIVE WILSON, NC 27893-9643	<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/ THOMAS CORTINA	THOMAS CORTINA, EXEC DIR	10/15/2014	
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.			