Edgar Filing: SCHWAB SUSAN C - Form 4

| SCHWAB SU Form 4 | JSAN C | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|---|--|
| April 01, 201 FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | 4 UNITED S s box er STATEM 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | IENT OF C suant to Sec a) of the Pul | Washingto CHANGES II SECU ction 16(a) of | n, D.C. 20 N BENEF VRITIES the Securi olding Con | D549 TICIAI ties Ex mpany | L OWN cchange Act of | 1935 or Section | OMB Number: Expires: Estimated a burden hour response | - | |
| (Print or Type R | esponses) | | | | | | | | | |
| SCHWAB SUSAN C Symbol | | | 2. Issuer Name a /mbol EDEX CORP | | r Tradinş | 8 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (| | (N | 3. Date of Earliest Transaction(Month/Day/Year)03/31/2010 | | | | (Check all applicable) <u>X</u> Director <u>Officer (give title</u> <u>10% Owner</u> <u>Director</u> Other (specify <u>below</u>) | | | |
| | | If Amendment, led(Month/Day/Y | endment, Date Original nth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| ANNAPOLI | S, MD 21401 | | | | | i | Person | ore than One Rej | porting | |
| (City) | (State) | (Zip) | Table I - Nor | -Derivative | Securit | ties Acqu | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | Code (Year) (Instr. 8 | 4. Securi tior(A) or D (Instr. 3,) V Amount | (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/31/2010 | | Р | 408 | A | \$ 91.769 | 1,619 <u>(1)</u> | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transact | 5. tionNun | nber | 6. Date Exer Expiration D | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|-------------------------|--------------------|-------------------------------------|------|------------------------------|--------------------|----------------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Secu Acq (A) Disp of (I | 1 | | Year) | Under Securi (Instr. | | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code N | V (A) | (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addı | . ess | s Relationships | | | | | | | |
|--|--------------|-----------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| SCHWAB SUSAN C 4 MARKET QUAY ANNAPOLIS, MD 21401 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/Susan C. Schwab | 03/31/2010 | | | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Ownership has been adjusted to reflect dividend paid to all holders of record.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.