

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000001092 (4)
1. Corporation Name

ENVIRONMENTAL BANKERS ASSOCIATION, INC.



Principal Place of Business 110 N. ROYAL STREET SUITE 301 ALEXANDRIA VA 22314	Mailing Address 110 N. ROYAL STREET SUITE 301 ALEXANDRIA VA 22314
---	---

3. Date Incorporated or Qualified 03/08/1995
4. FEI Number 54-1684452
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KAMMERT, JAMES L
50 N. LAURA ST.
SUITE 1800
JACKSONVILLE FL 32203-0789**

10. Name and Address of New Registered Agent

81 Name Daniel D. Richardson
82 Street Address (P.O. Box Number is Not Acceptable) LeBoeuf, Lamb, Greene & MacRae, L.L.P.
83 50 N. Laura Street, Suite 2800
84 City Jacksonville
85 Zip Code FL 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/5/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, NONA	
STREET ADDRESS	8TH & MARKET ST, LBP 3410	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	DEL GUIDICE, VICTOR	
STREET ADDRESS	599 LEXINGTON AVE., 21 FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FAIRMAN, ADELE	
STREET ADDRESS	1717 MAIN ST., LL1	
CITY-ST-ZIP	DALLAS TX	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVINE, PAUL	
STREET ADDRESS	380 MADISON AVE., 9TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, CARL	
STREET ADDRESS	5700 WILSHIRE BLVD., STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilttrout, Jay S.	
1.3 STREET ADDRESS	801 Marquette Avenue	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/24/98** TELEPHONE: **718-248-5899**

CR2E037 (10/97)