

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9500001092

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

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90020 020 ****61.25



Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed				
21		26			03/08/1995				
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number			lied For	
22		27			54-1684452			Applicable	
City & Stat	е	City & State			5. Certifcate of Status Desired	_ \$	8.75 A		
23		28					Fee Rec	quired	
Zip	Country	Zip	Country		Election Campaign Financing		\$5.00 ı	•	
24	25	29 30	<u> </u>		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New R	egistered Age	<u>nt</u>		
				Name					
RICHARDSON, DANILE D				82 Street Address (P.O. Box Number is Not Acceptable)					
LEBOEUF, LAMB, GREENE & MCRAE, L.L.P.									
50 N LAURA STREET, STE 2800									
JACKSONVILLE FL 32556				City		FL	5 Zip C	ode	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated	of Florida. Such change was autho	onzed by	tne corpo	corporation submits this statement for the pration's board of directors. I hereby accept	с и в арропил	nging its reg	registered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agen	t signature re	equired when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF				
TITLE	VPD	☐ DELETE	1.1 TITLE	1] Change	☐ Addition	
NAME	WILTROUT, JAY S		1.2 NAME						
STREET ADDRESS	801 MARQUETTE AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MINNEAPOLIS MN 55402		1,4 CITY-S	Γ-ZIP					
TITLE	PD	☐ DELETE	21 TITLE] Change	☐ Addition	
NAME	DEL GUIDICE, VICTOR		2.2 NAME						
STREET ADDRESS	599 LEXINGTON AVE., 21 FLO	DR .	2.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-S	T-ZIP					
TITLE	SD	XX DELETE	3.1 TTTLE		SD	Ĭ.	Change	☐ Addition	
NAME	FAIRMAN, ADELE		3.2 NAME		St. John, Tina				
STREET ADDRESS	1717 MAIN ST., LL1		3.3 STREET	ADDRESS	1900 5th Ave., 9th Floor Birmingham, AL 35203				
CITY-ST-ZIP	DALLAS TX		3.4. CITY-S	T-ZIP					
TITLE	TD	☐ DELETE	4.1 TITLE] Change	Addition Addition	
NAME	LEVINE, PAUL		4. 2 NAME	- 1					
STREET ADDRESS	380 MADISON AVE., 9TH FLOO	PR ,	4.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE] Change	Addition	
NAME			5.2 NAME		·				
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE] Change	Addition Addition	
NAME			6.2 NAME		·				
STREET ADDRESS			6.3 STREET	ADDRESS					
			64 CITY-S	7. 7ND					

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, with all other like empowered.

SIGNATURE

W SICHATURE REQUIRED

3 23 189

217-617-269

Daytime Phone (

CR2E037 (11/9