

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N95000001092

1. Entity Name
 ENVIRONMENTAL BANKERS ASSOCIATION, INC.

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| Principal Place of Business 110 N. ROYAL STREET SUITE 301 ALEXANDRIA VA 22314 | Mailing Address 110 N. ROYAL STREET SUITE 301 ALEXANDRIA VA 22314 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
54-1684452

| | |
|----------------|-------------------------------------|
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input checked="" type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON DANILE D
 LEBOEUF, LAMB, GREENE & MCRAE, L.L.P.
 50 N LAURA STREET, STE 2800
 JACKSONVILLE FL 32556 US

7. Name and Address of New Registered Agent

Name
 RICHARDSON DANIEL D
 Street Address (P.O. Box Number is Not Acceptable)
 LEBOEUF, LAMB, GREENE & MCRAE, L.L.P.
 50 N LAURA STREET, STE 2800
 City JACKSONVILLE FL Zip Code 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE DANIEL D. RICHARDSON DATE 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEVINE PAUL 380 MADISON AVE., 9TH FLOOR NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ST. JOHN TINA 1900 5TH AVE 9TH FLR BIRMINGHAM AL 35203 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DEL GUIDICE VICTOR 599 LEXINGTON AVE., 21 FLOOR NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SAHI HELEN 777 MAIO ST MAILSTOP CTEH 40616E HARTFORD CT 06102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GRAY BETH 301 S. COLLEGE ST., TW-14 CHARLOTTE NC 28288 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MULLER RANDY 600 PEACHTREE ST., NE, 10 PLAZA NORTH ATLANTA GA 30308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SAHI HELEN 777 MAIN ST MAILSTOP CTEH 40616E HARTFORD CT 06102 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN SAHI PD DATE 04/30/2001

CR2E037 (11/00)