

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56874

Entity Name: ESA SCHEDA CORPORATION**Current Principal Place of Business:**5892 EAST FOWLER AVENUE
TAMPA, FL 33617**Current Mailing Address:**5892 EAST FOWLER AVENUE
TAMPA, FL 33617 US**FEI Number:** 59-3137163**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name SCHEDA-KLAUS, SANDRA M
Address 5892 EAST FOWLER AVENUE
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name RIES, THOMAS
Address 5892 EAST FOWLER AVENUE
City-State-Zip: TAMPA FL 33617

Title PRESIDENT, DIRECTOR
Name MOULTON-POST, LESLIE
Address 550 KEARNY ST STE 800
City-State-Zip: SAN FRANCISCO CA 94108

Title SECRETARY, DIRECTOR
Name CUISINOT, ALBERT
Address 550 KEARNY ST STE 800
City-State-Zip: SAN FRANCISCO CA 94108

Title VP
Name ENVIRONMENTAL SCIENCE
ASSOCIATES A CALIFORNIA
CORPORATION
Address 550 KEARNY ST
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA M SCHEDA-KLAUS**DIRECTOR****02/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date