

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005011

Entity Name: ENVIRONMENTAL LIABILITY TRANSFER, INC.**Current Principal Place of Business:**1650 DES PERES RD.
STE 303
ST LOUIS, MO 63131**Current Mailing Address:**1650 DES PERES RD.
STE 303
ST LOUIS, MO 63131 US**FEI Number: 26-4538260****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 ROBERTS, MICHAEL J.
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

Title DIRECTOR
Name ROBERTS, THOMAS E.
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

Title TREASURER
Name ROBERTS, MICHAEL J.
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

Title VICE-PRESIDENT
Name ROBERTS, MICHAEL J.
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

Title SECRETARY
Name ROBERTS, THOMAS E.
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

Title PRESIDENT
Name ROBINSON, MATTHEW
Address 1650 DES PERES RD.
STE 303
City-State-Zip: ST LOUIS MO 63131

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: THOMAS E. ROBERTS**SECRETARY****04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date