

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005011

**Entity Name:** ENVIRONMENTAL LIABILITY TRANSFER, INC.**Current Principal Place of Business:**1515 DES PERES RD.  
SUITE 300  
ST LOUIS, MO 63131**Current Mailing Address:**1515 DES PERES RD.  
SUITE 300  
ST LOUIS, MO 63131 US**FEI Number:** 20-2013246**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	1515 DES PERES RD. SUITE 300
City-State-Zip:	ST LOUIS MO 63131

Title	DIRECTOR
Name	ROBERTS, THOMAS E.
Address	1515 DES PERES RD. SUITE 300
City-State-Zip:	ST LOUIS MO 63131

Title	TREASURER
Name	ROBERTS, MICHAEL J.
Address	1515 DES PERES RD. SUITE 300
City-State-Zip:	ST LOUIS MO 63131

Title	VICE-PRESIDENT
Name	ROBERTS, MICHAEL J.
Address	1515 DES PERES RD. SUITE 300
City-State-Zip:	ST LOUIS MO 63131

Title	SECRETARY
Name	ROBERTS, THOMAS E.
Address	1515 DES PERES RD. SUITE 300
City-State-Zip:	ST LOUIS MO 63131

Title	PRESIDENT
Name	ROBERTS, THOMAS E
Address	1515 DES PERES RD. SUITE 300
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:** ROBERTS, THOMAS E.**SECRETARY****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date