

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 08:00 AM****Secretary of State****DOCUMENT # 848906**1. Entity Name  
ENVIRONMENTAL DEFENSE, INCORPORATEDPrincipal Place of Business  
257 PARK AVENUE SOUTH  
NEW YORK NY 10010Mailing Address  
257 PARK AVENUE SOUTH  
NEW YORK NY 10010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**11-6107128**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STTALLAHASSEE FL  
32301 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ 05/03/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CECIL MARY R. (MIM)		NAME		
STREET ADDRESS	7 FRITH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ASHEVILLE NC		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATTO JESSICA		NAME		
STREET ADDRESS	1036 LITTLE WOODY CREEK		STREET ADDRESS		
CITY-ST-ZIP	WOOD CREEK CO		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINGHAM SALLY G		NAME		
STREET ADDRESS	7 LAUREL ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENKARD JAMES W.B.		NAME		
STREET ADDRESS	1192 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENCHLEY WENDY		NAME	KADEN LEWIS B	
STREET ADDRESS	35 BOUDINOT STREET		STREET ADDRESS	450 LEXINGTON AVENUE, RM 2850	
CITY-ST-ZIP	PRINCETON NJ		CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAILEY EDWARD		NAME		
STREET ADDRESS	257 PARK AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10010		CITY-ST-ZIP		

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: EDWARD BAILEY D 05/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)