

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90180 002 \*\*\*\*61.25

**DOCUMENT # 848906**

1. Entity Name

**ENVIRONMENTAL DEFENSE, INCORPORATED**

Principal Place of Business

257 PARK AVENUE SOUTH  
 NEW YORK NY 10010

Mailing Address

257 PARK AVENUE SOUTH  
 NEW YORK NY 10010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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 ST**  
**TALLAHASSEE FL 32301**

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

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 **D** ☒ Delete  
 NAME **BAILEY, EDWARD**  
 STREET ADDRESS **257 PARK AVENUE SOUTH**  
 CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Josephson, Diana H.**  
 STREET ADDRESS **257 Park Avenue South**  
 CITY-ST-ZIP **New York, NY 10010**

TITLE **T** ☐ Delete  
 NAME **KADEN, LEWIS B**  
 STREET ADDRESS **450 LEXINGTON AVENUE, RM 2850**  
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☐ Delete  
 NAME **BENKARD, JAMES W.B.**  
 STREET ADDRESS **1192 PARK AVENUE**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☐ Delete  
 NAME **BINGHAM, SALLY G**  
 STREET ADDRESS **7 LAUREL ST.**  
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☐ Delete  
 NAME **CATTO, JESSICA**  
 STREET ADDRESS **1036 LITTLE WOODY CREEK**  
 CITY-ST-ZIP **WOOD CREEK CO**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☐ Delete  
 NAME **CECIL, MARY R. (MIMI)**  
 STREET ADDRESS **7 FRITH DRIVE**  
 CITY-ST-ZIP **ASHEVILLE NC**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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)(i), 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:

**SIGNATURE REQUIRED**  
 Diana H. Josephson

4/24/02

Date

Daytime Phone 1-1320

CR2E037 (9/01)