2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001598

1. Entity Name
ENVIRONMENTAL SCIENCE ASSOCIATES CORPORATION

Principal Place of Business	Mailing Address
225 BUSH STREET, STE 1700 SAN FRANCISCO, CA 94104	225 BUSH STREET, STE 1700 SAN FRANCISCO, CA 94104

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-1698350
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTS, RICHARD D
2685 ULMERTON RD, STE 102
CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000475669
04/05/06-80025-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OATES, GARY W
STREET ADDRESS	225 BUSH STREET, STE 1700
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	D
NAME	ALLEE, DEBRA
STREET ADDRESS	225 BUSH STREET, STE 1700
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	D
NAME	ALBERTS, RICHARD
STREET ADDRESS	2685 ULMERTON ROAD # 102
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	LYNN, CAROLE K
STREET ADDRESS	225 BUSH STREET, STE 1700
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	D
NAME	MOULTON, LESLIE
STREET ADDRESS	225 BUSH STREET STE 1700
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	CFO
NAME	THORTON, GREGORY A
STREET ADDRESS	225 BUSH STREET STE 1700
CITY-ST-ZIP	SAN FRANCISCO, CA 94104

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: _____ 3/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #