

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005144

FILED
Jul 14, 2005
Secretary of State

Entity Name: ENVIRONMENTAL RISK SOLUTIONS, LLC

Current Principal Place of Business:

5191 NATORP BLVD., SUITE 450
MASON, OH 45040

New Principal Place of Business:

Current Mailing Address:

5191 NATORP BLVD., SUITE 450
MASON, OH 45040

New Mailing Address:

FEI Number: 20-0273426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN, EDWARD S
Address: 5191 NATORP BLVD., STE 450
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: KALISH, GEOFFREY
Address: 5191 NATORP BLVD., STE 450
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: MYERS, MICHAEL
Address: 5191 NATORP BLVD., STE 450
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: KAUFMAN, ELLIOTT
Address: 5191 NATORP BLVD., STE 450
City-St-Zip: MASON, OH 45040

Title: MGR (X) Delete
Name: BLOOM, JOSHUA
Address: 1101 FIFTH AVENUE, SUITE 235
City-St-Zip: SAN RAFAEL, CA 94901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KAUFMAN, ELLIOTT
Address: 5191 NATORP BLVD., STE 450
City-St-Zip: MASON, OH 45040

Title: MGR (X) Change () Addition
Name: BLOOM, JOSHUA
Address: 1101 FIFTH AVENUE, SUITE 235
City-St-Zip: SAN RAFAEL, CA 94901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD S. ALLEN

PRES

07/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date