

# 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