2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P92000012299 1. Entity Name POLLUTION LIABILITY UNITED STATES, INC.					FILED Aug 21, 2001 8:00 am Secretary of State 08-21-2001 90001 020 ***550.00		
Principal Place of Business 5950 HAZELTIME NATIONAL DR SUITE 650 ORLANDO FL 32822 US		Mailing Address 342 Schuyler Ave C/O John Roulett Kearny NJ 07032 US					
 Principal P Suite, Apt. 	lace of Business #, etc.	3. Mailing Address / 20 0 000 Suite, Apt. #, etc.	ME36	1857			
City & Stat	e	City & State CLJFTDN	NÍ	4.	FEI Number 59-3155542		lied For Applicable
Zip	Country	Zip 07013	Country	5.	Certificate of Status Desired	\$8.75 Addition Fee Required	
	6. Name and Address of Current	Registered Agent	Name		Name and Address of New Registere	ed Agent	
MILLER, WILTON R 201 S MONROE ST SUITE 500				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301			City		F	Zip Code	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After September 12 Make Check Payab		e \$750.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	Added to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAHILL, JAMES J 30 HIGHLANDS DR KENNELON NJ	🗌 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s Kathleen Kennedy Cook 220 Ridge RD Rutherford Nj	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	T ROULETT, JOHN P 342 SCHUYLER AVE KEARNY NJ	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EA-F 1700 CLIF	ET 3 WEST TON NJ 07013	Change	Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	D KENNEDY, FRANCIS 342 SCHULER AVENUE KEARRY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP	V Robert Lucas 39 Wahsington Court Towaco Nj	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
ITLE IAME ITREET ADDRESS ITY- ST-ZIP		Delete	TITLE NAME Street address City-St-Zip			Change	Addition
 I hereby c indicated of the corr changed, SIGNAT 	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	this filing does not qualify for true and accurate and that m wind to execute this report in all other life empowered.	iy signature shall h as required by Cha	ave the same apter 607, Flor	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha rida Statutes; and that my name appeal	certify that the info t I am an officer or rs in Block 11 or B	ormation director lock 12 if

æ