

in your filing by clicking on the facili r Tier 2.	<b>Confirm Facility In</b> ity's name to review the		tion. You wi	ll do this for each fac
	2022 Online Filir	ng Home		
FACILITY NAME	STREET ADDRESS	CIT	(	COUNTY
Verify facility info	Street Address	City		County
ude: Owner / Operator (name, mail address, phone &	email); Emergency Contact (name & 2	phone numbers, one of v	which must be 24-ł	nour); Tier II Information Contac
facility information Legend Help! er of facilities: 1				Add
FACILITY NAME			STATE	FILING STATUS
Firefly Shipworks, LTD, Hera			FL	Not Filed
Contact Information				
1. Malcolm Reynolds - Emergency Contact		Edit Delete		
2. Zoe Washburn - Emergency Contact		Edit Delete		
3. Zoe Washburn - Fac. Emergency Coordinator		Edit Delete		
4. Firefly Shipworks, LTD, Hera - Facility Phone		Edit Delete		
5. Allied Spacecraft Corporation - Owner / Operator		Edit Delete		
6. Kaylee Frye - Tier II Information Contact		Edit Delete		
Chemical Information		Edit Delete Copy		
1. Styrene Monomer, Inhibited (100-42-5)		can belote copy		

	Facility Information		
nember to press the Save	<ul> <li>Fields are Federal mandatory fields</li> <li>Fields are E-Plan mandatory fields</li> <li>&amp; Continue</li> <li>button after updating any information on this j</li> </ul>	page. Otherwise, the changes will not be saved.	At the top of the page confirm that any requir information, indicated by red asterisks, is correct. You m also enter in other relevant information to the Facil Notes field, such as if the facility was sold (with the date)
Facility Details Facility Name * Department Company Name ** Facility Email Fire District Report Year Facility Phone Number Facility Notes	Add t       1.       2018       \$850-555-5555       3.	ompany name to other facilities to notes if facility: Has been sold Changed Name Chemicals were removed No longer operational.	the name has changed, if chemicals were removed (w the date), or if the facility is no longer operational. If y have selected 'Hazards Not Otherwise Classified' on any your chemicals, you will need to note the specific haze here as well. If you removed a previously reported chemical or you facility has closed, you will also need to complete Statement of Determination/ Deregistration Form a upload it to the documents section in your report. Plea also email a copy of the form to our office, your Lo Emergency Planning Committee (LEPC), and the local fi
Physical Address Street * 2555 Shuma City * Tallahassee State * FL	rd Oak Blvd.		department. A map of the LEPCs can be found on or website: https://www.floridadisaster.org/globalassets/maps/lepcm p.pdf

	Confirm Facility Information (	(cont'd.)
Mailing Address Copy mailing address to other facilities Check if Mailing Address same as Physical Address Street 2555 Shumard Oak Blvd.	s. Enter Mailing Address below if different.	
City Tallahassee	Index/sandoccepanoleceus/onenening/dumee variationmap.numees/sectors/activity/a	
State FL V ZIP 32399 Country USA	Map Satellite	Scroll down the page to continue reviewing the facility's information.
Location         Loskup Latitudg         Vaideste Latitudg           Latitude*         30.865175           Longitude*         44.3227450999999           USNG         16R.00 65906 64866           Manned*         ¥ Yes           Maximum No. of Occupants*         800           Type of Facility*         ¥ Yes           ¥ Yes         No           Yes ≈ No         >           ¥ Yes ≈ No         >           Yes ≈ No         >	Google Map data 82018 Boogle Terms of Use Report a map arms Click and drag the marker to correct Latifude/Longitude.	In the Location box, validate the latitude and longitude location of your facility. When you click on the Validate Latitong button you are presented with a Google map with a pin indicating the position of your facility based on the address you entered. If your facility is in a complex or industrial park that shares a common address, but has multiple buildings, you may drag the pin to the exact location of your facility within the complex.
○ Yes      No CA	Current position: Click to update Lat/Long 30.3865175, -84.23274509999999	
Submission	Closest matching address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399, USA	
I certify under penalty of law that I have responsible for obtaining the information, I beli		
Name and official title of owner/operator Owner/Operator's authorized represental		

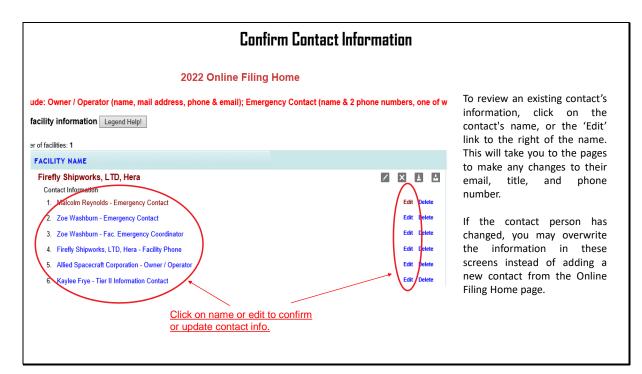
	Confirm Facility Information (cont'd.)	
Lotitude * Latitude * USNG Manned * Maximum No. of Occupant Note: Maximum No. of Occupants Type of Facility *	30.366175 -84.23274509999999 16R GU 65906 64866 ● Yes ○ No	Maximum No. of Occupants refers to the number of people permitted in the building at any one time by state building codes. For more information on Florida Building Codes go to https://floridabuilding.org/c/default.a SPX
	Yes      No CAA 112 Facility (RMP-Chemical Accident Prevention) More Inte  penalty of law that I have personally examined and am familiar with the information contained in this submission, and that based on my ir ning the information, I believe the information submitted is true, accurate, and complete.	At the bottom of this page, enter or confirm the name of the person signing the report. This should be the
Name and off	icial title of owner/operator OR or's authorized representative Signing the Tier II report Save & Continue Reset Cancel	Owner/Operator or an Authorized Representative with knowledge and/or responsibility for materials stored at the facility. Click 'Save & Continue' when finished.

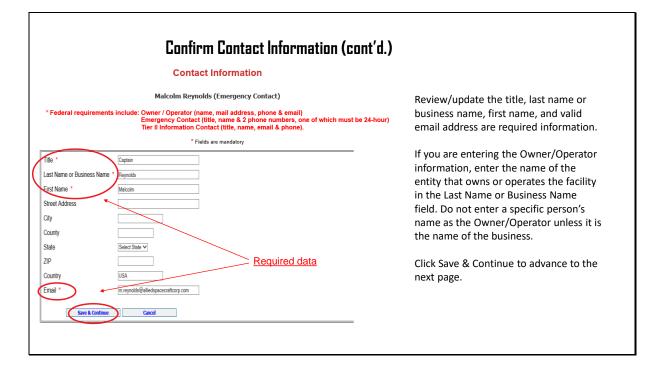
	Confirm Facility Information (cont'd.)				
State Fields	Documents	Validate Record			
Required data	Facility Identifica		On the next page you will list the Facility Identification information. Federal law requires, at a minimum, the 6-digit North American Industry Code System (NAICS) number and the 0 digit Due and Raditate		
ID Type ID Value NAICS 334511 Search, De	6-digit NAICS code and 9-digit Dun and Bradst (Dun and Bradstreet: Non-business entitie Descripti etection, Navigation, Guidance, Aeronautical, ar	es may enter "N/A")			
Dun & Bradstreet 0 None ID Type ID Value	Select Type		EditDelete simply enter '0'. You may also see additional ID numbers listed here if your facility has filed over a number of		
Description	Add Reset	Next	years, including the 'Florida Facility ID', or Florida SERC Number. This is a number assigned by our office and will remain at that location in perpetuity. If you relocate to a new location, and there are no previous Tier		
	nd your Dun and Bradstreet //mycredit.dnb.com/search-		II reports for that location, the state will assign a new SERC number to that location.		

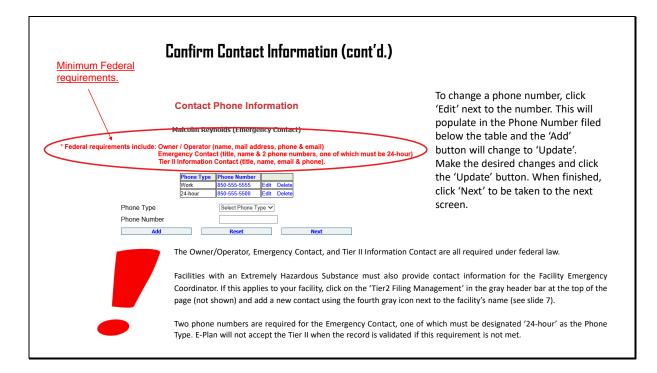
	Confirm Facility Information (cont'd.)	
	CURRENT FACILITY CONTACT LIST CHEMICAL LIST	
	Firefly Shipworks, LTD., Hera (FacID: 5894462) eur osere 2555 Shumard Oak Blvd. Tallahassee, FL 3239, USA	Please select 'Yes' or 'No' for these questions.
Facility Identification	State Fields Documents Validate Record State Applicable Fields	If you are unsure, please contact our office for additional guidance.
	Does your facility have a written emergency response plan?       Ves ∨         Does your facility have a hazardous materials response team?       Ves ∨         Does your local fire department have an up-to-date pre-plan for your facility?       Ves ∨         Update & Continue       Reset	
	Contact Us   FAQ   E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE   E-PLAN ONLINE 312 SUBMIT - USER'S GUIDE	

			Confirm Facility Information (cont'd.)						
		Document Upload							
		*	Fields are F	Federal mano	datory fields				Upload any relevant documentation on
🗆 I ha		a site plan. a description of dikes a a list of site coordinate			measures.				this page, including Safety Data Sheets (SDS), facility site plans or maps, and
No. E	Document ID	File Name		File Type	File Category	File Description	Download		the previously mentioned Statement of
1 9	986469	Styrene Monomer, Inhibite	∋d SDS.pdf	File	SDS	Safety Data Sheet		Delete	Determination/Deregistration Form.
2 9	986470	Sulfuric Acid SDS.pdf		File	SDS	Safety Data Sheet	<b>1</b>	Delete	Select the type of document you wish
		File types: PDF, DOC, If entering a link, choos and put the link as http	se File type a p://somewebs	ás Link		<u>Please up</u> drawing. You	may als	so add	to upload from the File Category drop- down menu, browse your computer for
		All Fields are Mandat				SDSs, SOD		<u>other</u>	the document, then select the desired
		File Type File		~	L	docur	<u>ments.</u>		file. Finally, enter a description and click
		File Category SDS	5			ïle size 9 Mb			'Upload'.
		File Description		Next (Add	~	ile size 9 MD			- produit

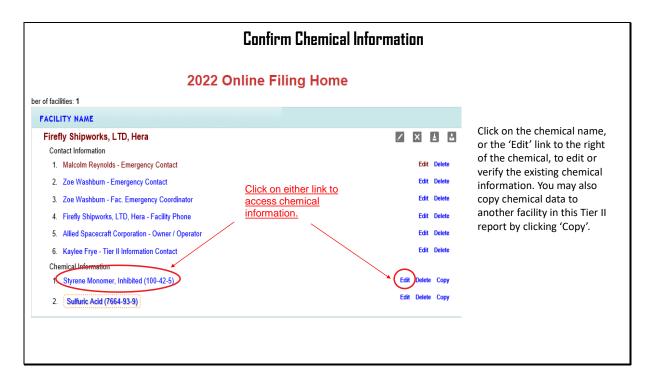
Slide 15







Confirm Contact Information (cont'd.)				
	CURRENT FACILITY CONTACT LIST CHEMICA Firefly Shipworks, LTD., Hera (FacID: 5894462) 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		In some cases, one person may be the conta for multiple facilities or may serve in multip contact roles at the same facility. The facili you are working on will be highlighted in yello	
Association	Documents Associate Contact With Fa	•	If the contact is, for example, the Emergen Contact for multiple facilities, you may ac- them to those facilities by selecting the conta- type from the drop-down menu and the checking the box next to the facility you wish add them to. Do not check the highlighte facility Youwill then slick the (dd/ butter	
	Malcolm Reynolds (Emergency Cont Note: You can associate "Malcolm Reynolds" with other faci he contact information can be copied to the other associated Facility Name Contact Ty :5894462) Firefly Shipworks, LTD., HeralEmergency C	facility. You will then click the 'Add' button. If the person will serve in multiple contact rol for the current (highlighted) facility, click tl drop-down arrow, select the contact typ check the box for the current facility, then cli the 'Add' button.		
Select All	Facilities and Contact Type Select Contact Type 4462) Firefly Shipworks, LTD., Hera (Current facility)	✓ Next	After you have complete changes to this pag or there are no changes click on 'Tier2 Fili Management' in the gray header bar at the tr of the page to return to the Online Filing Hon screen.	



Confirm Chemical Information (cont'd	.)
Chemical Information	If the chemical is an Extremely
* Fields are Federal mandatory fields	Hazardous Substance, the EHS
** Fields are E-Plan mandatory fields	box is automatically checked
Remember to press the Save & Continue button after updating any information on this page. Otherwise, the changes will not be saved.	based on the CAS Number entered. Enter or confirm the number of days on site and
Chemical Details	the physical states of the
CAS Number ** 7664939 Lookup Help	chemical.
Chemical Name * Sulfuric Acid Lookup EHS	
EHS 🗧 🗌 Trade Secret	
Days on site * 365 Note that sulfuric acid is an extremely hazardous substance	
Physical State (Check all that apply)	
□ Pure ☑ Mixture	
□ Solid 🗹 Liquid □ Gas	

Physical Hazards *(Check all that apply)	Health Hazards *(Che	ck all that apply)
Copy chemical hazards to other chemicals	Acute toxicity (any route or any route or	f exposure)
□ Explosive	Skin corrosion or irritation	
Flammable (gases, aerosols, liquids, or solids)	Serious eye damage or ey	re irritation
Oxidizer (liquid, solid or gas)	Respiratory or skin sensiti	zation
□ Self-reactive	Germ cell mutagenicity	
Pyrophoric (liquid or solid)	Carcinogenicity	
Pyrophoric Gas	Reproductive toxicity	
Self-heating	. ,	ity (single or repeated exposure)
Organic peroxide	Aspiration hazard	
Corrosive to metal	·	If you select 'Hazard Not Otherwise Classifie you will need to enter the specific hazard in
□ Gas under pressure (compressed gas)	Simple Asphyxiant	the Facility Notes portion of the Facility
$\square$ In contact with water emits flammable gas		Information.
Combustible Dust	Hazard Not Otherwise Cla	ssified

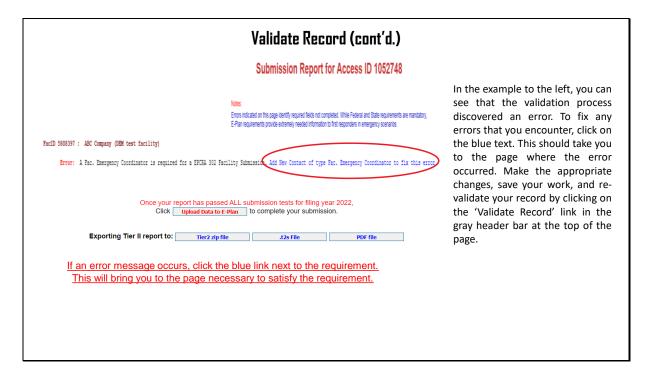


Confirm Chemical Information (cont'd.)				
Quantity Max Daily Amount Code Maximum Daily Amount in pounds* Avg Daily Amount Code Average Daily Amount in pounds* Maximum Amount in largest container (pour Below Reporting Thresholds † 1 Note: Voluntary reporting of amounts below reporting ret By checking his box, you are certifying that this chemical chemicals, only check this box if the quantify is below the hazardous substances (anything with a MSDS), only check exemption from Tier II reporting under 40 CFR 370.10-13.	uirement thresholds. (This checkbox does n s not of a reportable quantity under Section 3 FQ or 500 lbs., whichever is less. (For a list o	12 of the Emergency Planning and Community Right f EHS chemicals and TPQs, please reference the EPA	<u>'</u> {	

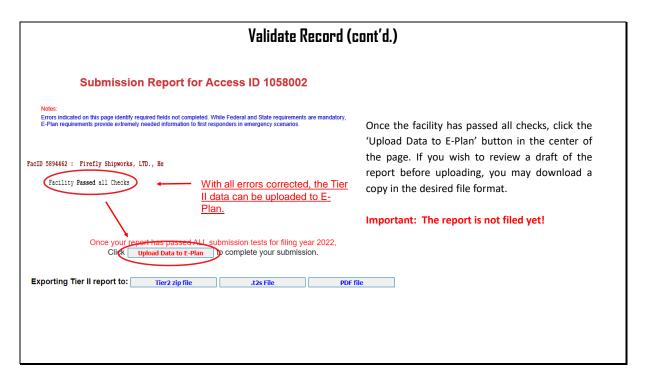
	CURRENT FACILITY CONTACT	LIST CHEMICAL LIST		
	Firefly Shipworks, LTD., Hera ( 2555 Shumard Tallahassee, FL	FacID: 5894462) EDIT DELE Oak Blvd.	ETE	If the storage location had changed, update the location be clicking on 'Edit' in the far-rigl
ure Components	State Fields		Documents	column. The information w
Existing location	Chemical Stora	-		populate in the box below. Mak the necessary changes and clic 'Update'. To add a location, simp complete the fields in this sam box and click 'Add'.
Location Maxir Warehouse 8000.	v	ssure/Temperature Types pressure / Ambient tempe		Important: Please be detaile when describing the location. E
Storage Loca Storage Type* Pressure Type*	Select Storage Ty Select Pressure		locations as needed	Tank Farm in Northwest Corner
Temperature Type	9* Select Temperate	иге Туре 🗸 🗸		where chemicals are stored. A fields must be completed for
Location*				

Confirm Chemical Informati	on (cont'd.)	
Chemical Components	CURRENT FACILITY CONTACT LIS	T CHEMICAL LIST
Sulfuric Acid (CAS#: 7664939)	Firefly Shipworks, LTD., Hera (Fac 2555 Shumard Oal Tallahassee, FL 323	Blvd.
Component Chemical Name CAS Number Max Code Percentage	State Fields	Docu
Mixture Components       CAS Number       Help	State Applicabl	e Fields
Component EHS Lookup	Sulfuric Acid (CAS#:	7664939)
EHS *	Frequency of Shipments	Annually V
Physical State	Mode of Shipments (Check all that apply):	
Maximum Amount Select Max Code	Highway	
Percentage	Rail	
Add Reset Next	Pipeline	
	Ship or Barge	
not necessary to enter mixture components for all chemicals reported on the	Other	$\checkmark$
II, especially common substances like gasoline or diesel fuel. However, this	Update & continue	Reset
een is useful for reporting specialty or name-brand substances that are a mixture several chemicals. Just be aware that all of the components listed should add up 100%. It may also be simpler to aggregate the chemicals and only report those stances that are at or above TPQ. Please contact our office if you need additional dance.	Frequency and Mode of Shipmer chemicals are shipped Enter or confirm the frequency wi receives this substance and how i	to the site. th which the facility

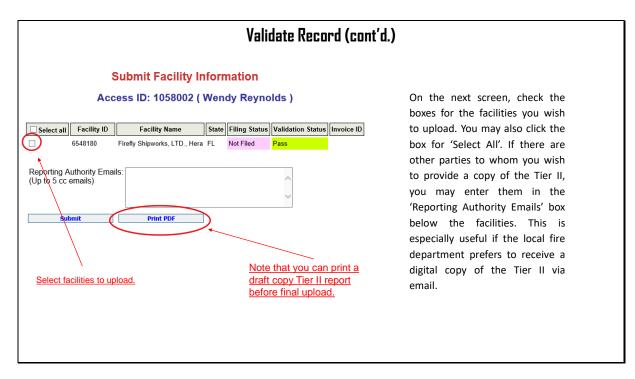
3. Zoe Washburn - Fac. Emergency Coordinator     Edit Detete     better     button     Validate Record       4. Firely Shipworks, LTD, Herz - Facility Phone     Edit Detete     Current filling status     button     Validate Record       5. Alled Spacetraft Corporation - Owner / Operator     Edit Detete     Current filling status     at the bottom of the Online Filing       6. Kayles Frye - Teil Information     Edit Detete     Edit Detete     Current filling status     button       1. Syneme Monomer, Inhibited (100-42-5)     Edit Detete Copy     Edit Detete     Current filling status     Edit Detete					
ACILITY NAME       STATE       FILING STATUS       clicking on Tier2 Filing         Firefy Shipworks, LTD, Hera       Image: Status       FL       Not Filed         Contact Information       Image: Status       FL       Not Filed         Malcom Reynolds - Emergency Contact       Exit Delete       Image: Status       Clicking on Tier2 Filing         3. Zoe Washburn - Fac Emergency Contact       Exit Delete       Image: Status       Delete         3. Zoe Washburn - Fac Emergency Contact       Exit Delete       Image: Status       Delete         4. Fieldy Shipworks, LTD, Hera - Facility Phone       Exit Delete       Current filing status       The bottom of the Online Filing         6. Kayles Fige - Tiel Information       Exit Delete       Exit Delete       Current filing status       The bottom of the Online Filing         1. Syrene Monomer, Inhibited (10-42-5)       Exit Delete Copy       Exit Delete Copy       Exit Delete Copy	cility information Legend Help!	Contact (name & 2 phone numbers, one of w	/hich must be 24-ł	nour); Tier II Information	your Tier II report, return to the
Firefly Shipworks, LTD, Hera       Image: Contact Information         Contact Information       Image: Contact Information         1. Malcoline Reynolds: Emergency Contact       East Deside         2. Zoe Washburn - Emergency Contact       East Deside         3. Zoe Washburn - Fac: Emergency Contact       East Deside         4. Fieldy Shipworks, LTD, Hera - Facility Phone       East Deside         5. Alled Spacecraft Corporation - Owner / Operator       East Deside         6. Kaylee Frye - Tiel I Information       East Deside         Chemical Information       East Deside         1. Systems Monomer, Inshibided (100-42-5)       East Deside	ACILITY NAME		STATE	FILING STATUS	0 10 /
2. (Junute Acid (1664-35-3))	Contact Information Matcolm Reynolds - Emergency Contact Zoe Washburn - Emergency Contact Zoe Washburn - Fac. Emergency Coordinator Firefly Shipworks, LTD, Hera - Facility Phone Altied Spacecraft Corporation - Owner / Operator Kayles Eryc: Tarl II Information Contact Chemical Information	Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete	,		bar at the top of the page. Note that your status is still 'Not Filed'. Next, click on the 'Validate Record' button <u>Validate Record</u> at the bottom of the Online Filing



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	COMMISSION (SERC) CONSOLIDATED ANNUAL REGISTRATIO	
01	wner/Operator Information	If someone other than
Filing Year	2022	person completing the filing
Company Name *	Allied Spacecraft Corporation	responsible for paying the
Business Mailing Address (Street or F	P.O. Box) * 2555 Shumard Oak Blvd.	via credit card or electr
City *	Tallahassee	check, click this box to gene
State * Note all fields are	FL V	a payment link that does
Zip * required.	32399	require a login. Once you
NAICS Code *	334511	'Submit' you will be redire
Telephone *		to a page to enter the e address of the card or l
Contact Person *		account holder.
Title *		
Check this box to generate a Payment Lin	k (without Login)	
Check this box to generate a Payment Lin	k (without Login)	

Note the fee rate is determined by your reported	orm cont'	d.
chemicals and answers to these questions.       Registration Fee         Please answer questions below to calculate the filing fees applicable for your submission         Is your facility a governmental body (federal, state, country or local) facility?         Does your facility have an extremely hazardous substance at or above threshold planning quantity?         Please have your method of payment ready BEFORE clicking on the Submit button.	⊖Yes ⊛No ⊛Yes ©No	Under 'Registration Fee' answer all questions until no other questions pop up. Note that some questions, as in the case of the extremely hazardous substance question in the example, are prepopulated based on the chemicals reported.
Calculated Fees Enter Number of employees (statewide) Filing Rate Filing Fees (Minimum \$25 , Maximum \$2000 ) Calculate Calculate Reset Calculate		Government entities do not pay an annual fee. Enter the number of employees statewide and click the 'Calculate' button to determine the total fee
Click 'Submit' to pay Submit		for the year. Finally, click the 'Submit' button to be taken to the payment module.

	Is your facility regulated by the Department of Environmental Protection for storage tanks (Section 376.303 of the Florida Statutes)?	
	Is your facility regulated by the Department of Agriculture and Consumer Services (Chapter 527, Florida Statutes)?	)
	Is your facility regulated by the Public Service Commission for gas transmission and distribution lines (Chapter 368, Florida Statutes)?	ì
	Is your facility's primary function to grow crops or raise farm animals?	
questions. These for any facility is based on the ab	pove are examples of the additional questions that may pop up as you answer questions determine the amount per employee your facility is required to pa \$25.00. Facilities with Extremely Hazardous Substances, or that do not qualif nove questions, pay \$10.00 per employee, but not more than \$2,000.00 per reduction pay \$2.50 per employee, but not more than \$500.00 per year.	ay. The minimum fe

Set of Payment Method and Continue to proceed with payment.	new e-payme tab displays th for the payme
SKU     Description     Unit Price     Quantify     Amount       1058002     TER2 Annual Registration for PY 2022     \$1,000.00     1     \$1,000.00       Total     TeR2 Annual Registration for PY 2022     \$1,000.00     1     \$1,000.00       Need Help?       Select Payment Method and Continue to proceed with payment.	tab displays th or the payme
show       Description       Other Processing       Annound       Annound       Sector       Sector       System. The Payment Type tab display         Total       Sector       Sector       Payment       Sector       Payment       Sector       Payment       Sector       Payment       Sector       Payment       Continue to proceed       method. Select the method of pay       (credit card or bank account) from drop-down menu and click the	tab displays th or the payme
Total \$1,000.00 Payment Payment Payment Payment Total \$1,000.00 Payment Payment Paymen	for the payme
Payment Time  Select Tayment Wethod and Continue to proceed method. Select the method of pa (credit card or bank account) from drop-down menu and click the	
Payment (credit card or bank account) from drop-down menu and click the	
drop-down menu and click the	od of payme
Payment Type *	
• written i por	
Next >	
Customer Information	

En	ter the customer inf	formatio	on on t	he Custo	mer Info tab and click 'Next'. Ple	ease note that NIC	assesses a \$3.00 serv	ice fee for each
<u>tra</u>	<b>ansaction.</b> If you do i		h to pa <mark>of Pa</mark>		vices fee, you may cancel the tra	ansaction and mail	in a check. Bottom of Page	
Paymer	nt Type 2 Customer Info 3			Submit Payment	Transaction Summary	Company Name		
insac	tion Detail				TIER2 Annual Registration for FY 2022 \$1,000.00	Allied Spacecraft Corporati	ion	
nouro					Service Fee \$3.00	2555 Shumard Oak Blvd.		
J	Description	Unit Price	Quantity	Amount	TOTAL \$1,003.00			
002	TIER2 Annual Registration for FY 2022	\$1,000.00	1	\$1,000.00		Address 2		
				\$1,000.00				
					Need Help?	City *	State *	
men	,t				Please complete the Customer Information Section.	Tallahassee	FL - Florida	~
men	n					ZIP/Postal Code *		
ment	Туре			1		32399		
				Edit		Phone Number *		
	Credit/Debit	Card				555-555-1234		
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tome	r Information					Email 🕘		
			Complete al	required fields [*]				
Country								Next >
	ed States 🗸 🗸							
First N		ist Name *				Payment Information		
Malco	sim R	Reynolds						

	Top of I	Page			Bo	ttom of Page
1 Payme	ent Type <b>2</b> Customer Info	3 Payment	(4)	Submit Payment	Payment Information	
ransa	ction Detail				Credit Card Number * 🌚	Complete all required fields [*] Credit Card Type  Type  Discovers  Distavers  Distavers  Distavers  Discovers
sku	Description	Unit Price	Quantity	Amount		
1058002	TIER2 Annual Registration for FY 2022	\$1,000.00	1	\$1,000.00	Expiration Month *	Expiration Year *
Total				\$1,000.00	Select a Month	Select a Year 🗸
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Payment Custome Address	t Type Credit/Deb er Information	Phone Number		~	Name on Credit Card *	
Payment Payment Custome Address Malcolm Allied Sp	t Type Credit/Deb er Information			~	Name on Credit Card *	Next >

