## FOR PROFIT CORPORATION

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| Ų                                                                                                                                      | JNIFO                                                                          | RM BUSINE                                                                                                                | SS REPOR                          | T (U                                   | BR)                                                                               |               |                                                                                                                                                                                                         |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| DOCUMENT # 292913                                                                                                                      |                                                                                |                                                                                                                          |                                   |                                        |                                                                                   |               | 02 SEP -9 PM 2: 24                                                                                                                                                                                      |           |  |
| REFUSE SERVICES, INC.  DO NOT WRITE IN THIS SPACE                                                                                      |                                                                                |                                                                                                                          |                                   |                                        |                                                                                   |               | SECRETARY OF STATE<br>FALLAHASSEE, FLORIDA<br>                                                                                                                                                          |           |  |
|                                                                                                                                        |                                                                                |                                                                                                                          |                                   |                                        |                                                                                   |               |                                                                                                                                                                                                         |           |  |
| Principal Place of Business     1001 FANNIN                                                                                            |                                                                                |                                                                                                                          | 3. Mailing Address<br>1001 FANNIN |                                        |                                                                                   |               | *****61.25 *****61.                                                                                                                                                                                     | 25        |  |
| Suite, Apt. #, etc.<br>SUITE 4000                                                                                                      |                                                                                |                                                                                                                          | Suite, Apt. #. etc. SUITE 4000    |                                        |                                                                                   |               | DO NOT WRITE IN THIS SPACE                                                                                                                                                                              |           |  |
| City & State<br>HOUSTON, TEXAS                                                                                                         |                                                                                |                                                                                                                          | City & State                      |                                        |                                                                                   | 4.            | FEI Number 59-1098850 Applied For                                                                                                                                                                       |           |  |
| Zip Country                                                                                                                            |                                                                                |                                                                                                                          | HOUSTON, TEXAS  Zip Country       |                                        |                                                                                   | -   5         | Certificate of Status Desired Sa.75 Additional                                                                                                                                                          | ble       |  |
| 77002                                                                                                                                  | USA                                                                            |                                                                                                                          | 77002                             | USA                                    | 7. Name and Address of Current Registered Agent                                   |               | _                                                                                                                                                                                                       |           |  |
|                                                                                                                                        |                                                                                |                                                                                                                          |                                   |                                        | Name CT                                                                           |               | PORATION SYSTEM                                                                                                                                                                                         | $\dashv$  |  |
|                                                                                                                                        | D                                                                              | O NOT WE                                                                                                                 | RITE                              |                                        | ļ                                                                                 |               | ss (P.O. Box Number is Not Acceptable)                                                                                                                                                                  |           |  |
| IN THIS SP                                                                                                                             |                                                                                |                                                                                                                          | ACE                               |                                        |                                                                                   |               | TH PINE ISLAND ROAD                                                                                                                                                                                     |           |  |
|                                                                                                                                        |                                                                                |                                                                                                                          |                                   |                                        | City PLANTA                                                                       |               |                                                                                                                                                                                                         | $\dashv$  |  |
| 8. The above                                                                                                                           | e named entity                                                                 | he purpose of chancing in                                                                                                | ts register                       |                                        | or registered agent, or both, in the State of Florida.                            |               | $\dashv$                                                                                                                                                                                                |           |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See #filiaria on back) Amended |                                                                                |                                                                                                                          |                                   |                                        | y 1 Fee is \$150.00<br>Fee is \$550.00<br>UBR is \$61.25<br>to Department of Stat |               | 10. Election Campaign Financing \$5.00 May Barriust Fund Contribution. Added to Fees                                                                                                                    | 3         |  |
| 11.                                                                                                                                    | T                                                                              | OFFICERS AND DI                                                                                                          | RECTORS                           |                                        |                                                                                   |               |                                                                                                                                                                                                         | $\exists$ |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                               | P - DAVID R HOPKINS<br>1001 FANNIN, SUITE 4000<br>HOUSTON, TEXAS 77002         |                                                                                                                          |                                   |                                        | E<br>ET ADDRESS<br>- ST - ZIP                                                     |               |                                                                                                                                                                                                         |           |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP                                                                                                  | VP/ASST T - DON P CARPENTER<br>1001 FANNIN, SUITE 4000<br>HOUSTON, TEXAS 77002 |                                                                                                                          |                                   |                                        |                                                                                   |               |                                                                                                                                                                                                         |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                  | T/VP - RONALD H JONES<br>1001 FANNIN, SUITE 4000<br>HOUSTON, TEXAS 77002       |                                                                                                                          |                                   |                                        | ET ADDRESS<br>ST-ZIP                                                              | DO NOT WRITE  |                                                                                                                                                                                                         |           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                         | S/VP/D - DAVID P STEINER<br>1001 FANNIN, SUITE 4000<br>HOUSTON, TEXAS 77002    |                                                                                                                          |                                   |                                        | ET ADDRESS<br>ST-7IP                                                              | IN THIS SPACE |                                                                                                                                                                                                         |           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-7IP                                                                                         | ASST T - FRANCES SEWELL<br>1001 FANNIN, SUITE 4000<br>HOUSTON, TEXAS 77002     |                                                                                                                          |                                   |                                        | T ADDRESS SE-ZIP                                                                  |               |                                                                                                                                                                                                         |           |  |
| THLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                                                                                          | HOUSTON, TEXAS 77002                                                           |                                                                                                                          |                                   |                                        | T ADDRESS<br>ST-ZIP                                                               |               |                                                                                                                                                                                                         | 1         |  |
| of the corr                                                                                                                            | poration or the<br>nt with an add                                              | Information supplied with this or supplemental report is true or receiver or trustee empowerss, with all other like empo | grow to accorde this range        | r the exen<br>ny signatt<br>rt as requ | ired by Chapte                                                                    | er 607, Flor  | 119.07(3)(i), Florida Statutes, I further certify that the information egal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or on an |           |  |
|                                                                                                                                        | VIVE                                                                           | SIGNATURE AND TYPED OR PRINT                                                                                             | ED NAME OF SIGNING OFFICER        | OR DIRECTO                             | DR C                                                                              | JICH          | Date Prone #                                                                                                                                                                                            | 4         |  |

21 9/9/02

292913

**Position Type** 

Director
Officer
Officer
Officer
Officer

Officer Officer

Officer

Officer

Officer Officer Officer Name

Steiner, David P.
Van Gessel, John
Smith, Linda Jean
Simpson, Robert Glenn
Carpenter, Don Patrick
Steiner, David P.

Clement, Frank Jamieson

Baughman, Steve McCormick, Lee Anthony Sewell, Frances B. Jones, Ronald Hamilton Kaplan, Ronald M. Hopkins, David Rowen Campagna, Charles J. Title

Sole Director

Vice President and Assistant Secretary Vice President and Assistant Secretary Vice President, Chief Financial Officer and Vice President and Assistant Treasurer

Vice President and Secretary

Assistant Treasurer
Vice President
Assistant Treasurer
Assistant Treasurer

Vice President and Treasurer

**Assistant Secretary** 

President Vice President