2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29046

1. Entity Name

JONES ROAD LANDFILL AND RECYCLING, LTD.

FILED
01 SEP -4 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000038381 AB

Principal Place of Business	Mailing Address
15880 N. GREENWAY-HAYDEN LOOP SUITE 100 SCOTTSDALE AZ 85260	ATTN: TAX DEPT. 757 N. ELDRIDGE HOUSTON TX 77079

2. Principal Place of Business	3. Mailing Address
	15880 N. Greenway-Hayden Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 100
City & State	City & State Scottsdale, Arizona 85260
Zip / Country	Zip / Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-2970819 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $7,464,460.00	10. Amount of Capital Contributions in FLORIDA to date. $2,728,801.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P36354	STREET ADDRESS	
NAME	BFI WASTE SYSTEMS OF NORTH AMERICA, INC.		
STREET ADDRESS	15880 N. GREENWAY-HAYDEN LOOP	CITY-ST-ZIP	
CITY-ST-ZIP	SCOTTSDALE AZ 85260		
DOCUMENT #		STREET ADDRESS	000004597790--7
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STAPLE CHECK HERE

CR2E003 (5/01)

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Jo Lynn White 7/23/01 (480) 627-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #