

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90160 012 ***150.00

0035720 AV

DOCUMENT # F98000005732
 1. Entity Name
WASTE TECHNOLOGY CORPORATION OF DELAWARE

Principal Place of Business Mailing Address
5400 RIO GRANDE AVENUE 5400 RIO GRANDE AVENUE
JACKSONVILLE FL 32254 JACKSONVILLE FL 32254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **13-2842053** Applied For
 Not Applicable

Zip Country Zip Country
 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

~~FLOOD, TED C~~
~~5400 RIO GRANDE AVENUE~~
~~JACKSONVILLE FL 32254~~

Name Nielson, William E.
 Street Address (P.O. Box Number is Not Acceptable)
5400 Rio Grande Ave
 City Jacksonville FL Zip Code 32254

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 William E. Nielson, William E. Nielson, Pres. 4-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PC FLOOD, TODD C**
 STREET ADDRESS **5400 RIO GRANDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ROBSON, MORTON S**
 STREET ADDRESS **5400 RIO GRANDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TCFO NIELSEN, WILLIAM E**
 STREET ADDRESS **5400 RIO GRANDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE Change Addition
 NAME President Nielson, William E
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E. Nielson, Pres. 4-1-02 904-358-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)