

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29226

Entity Name: SYNAGRO-WWT, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

7014 EAST BALTIMORE ST
BALTIMORE, MD 21224 US

New Principal Place of Business:

Current Mailing Address:

1800 BERING DR
SUITE 1000
HOUSTON, TX 77057 US

New Mailing Address:

FEI Number: 52-1130492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUCHER, ROBERT C
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPAS () Delete
Name: BINTZ, THOMAS J
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPSD () Delete
Name: THOMAS, ALVIN L
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPT () Delete
Name: WITHROW, J. PAUL
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: AS () Delete
Name: ROSCOE, DVOSHA G
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: AS () Delete
Name: URBAN, THOMAS M
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN L THOMAS

VPASD

04/23/2007

Electronic Signature of Signing Officer or Director

Date