## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000070285

Entity Name: ONYX WASTE SERVICES SOUTHEAST, INC.

FILED Jan 03, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
SUITE 200	H 84TH STRE EE, WI 53214	ĒΤ					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 200	H 84TH STRE EE, WI 53214	ΞΤ					
FEI Number:	65-0858287	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired	l( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324	ND ROAD					
The above in the State		submits this statement for the pu	urpose of changing it	ts registered o	office or registered agent, c	or both,	
SIGNATUR	E:						
	Electron	ic Signature of Registered Ager	nt		Date		
Election Carr	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JENKS, PAUL F	TH STREET, SUITE 200	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	BURKE, RICHA	HILL ROAD, SUITE 202-A	Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	KARIUS, HENR	TH STREET, SUITE 200	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	MAHER, JAMES	DAD, SUITE 1000	Title: Name: Address: City-St-Zip:		) Change()Addition		
Title: Name: Address: City-St-Zip:	FARR, GEORG	EET, SUITE 904	Title: Name: Address: City-St-Zip:	FARR, GEORG	TERFIELD ROAD, SUITE 201		
Title: Name: Address: City-St-Zip:	BRUCKERT, RA	EET, SUITE 904	Title: Name: Address: City-St-Zip:	BRUCKERT, R	TERFIELD ROAD, SUITE 201		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL R. JENKS PD 01/03/2005