

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094168

FILED
Apr 11, 2009
Secretary of State

Entity Name: REPUBLIC SERVICES AVIATION, INC.

Current Principal Place of Business:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054

New Principal Place of Business:

Current Mailing Address:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054

New Mailing Address:

FEI Number: 65-0959331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: P () Delete
Name: OCONNOR, JAMES E
Address: 1105 SE 6TH ST 28TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VS () Delete
Name: BARCLAY, DAVID A
Address: 110 SE 6TH ST. 28TH FL
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: LANG, EDWARD A III
Address: 110 SE 6TH ST. 28TH FL
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRED (X) Change () Addition
Name: SLAGER, DONALD W PREDIR
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: VSEC (X) Change () Addition
Name: WHITE, JO LYNN VPSEC
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: TRED (X) Change () Addition
Name: LANG III, EDWARD A TREDIR
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: DIR () Change (X) Addition
Name: SERIANNI, CHARLES F DIR
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

I hereby certify that the information supplied with this filing does not qualify 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: JANE LOUIS

POA

04/11/2009

Electronic Signature of Signing Officer or Director

_____ Date