2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009794

Entity Name: DELTA WASTE CORP.

Current Principal Place of Business:

18500 NORTH ALLIED WAY PHOENIX, AZ 85054

Current Mailing Address:

18500 NORTH ALLIED WAY PHOENIX, AZ 85054 US

FEI Number: 65-0919421 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

18500 NORTH ALLIED WAY

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

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:

Address

Electronic Signature of Registered Agent

Date

FILED Apr 03, 2013

Secretary of State

CC2571200033

Officer/Director Detail :

Title DIRECTOR, PRESIDENT Title DIRECTOR, TREASURER, VP,

FINANCE

BOUCHER, ROBERT Name LANG, EDWARD A. III Name

18500 NORTH ALLIED WAY Address PHOENIX AZ 85054

City-State-Zip: City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR

Title VΡ SERIANNI, CHARLES F. Name

Name BALES, BRIAN A. Address 18500 NORTH ALLIED WAY

18500 NORTH ALLIED WAY Address City-State-Zip: PHOENIX AZ 85054

City-State-Zip: PHOENIX AZ 85054

Title VP, ASSISTANT SECRETARY Title VP, ASSISTANT SECRETARY

Name BENTER, TIM M. Name EGGLESTON, W. T. JR.

18500 NORTH ALLIED WAY Address Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title

Title VP, ASSISTANT SECRETARY OLSON, JAMES H Name

18500 NORTH ALLIED WAY Address Address 18500 NORTH ALLIED WAY

PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054 City-State-Zip:

Continues on page 2

RISSMAN, MICHAEL P.

Name

I hereby 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 all other like empowered.

04/03/2013 SIGNATURE: EILEEN B SCHULER **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP, ASSISTANT SECRETARY Title VP, TAX

Name SWEET, ANDREW J Name LAWRENCE FOCAZIO, LAWRENCE

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title SECRETARY Title ASSISTANT TREASURER

Name SCHULER, EILEEN B Name LACY, MARSHA A.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054