

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094168

Entity Name: REPUBLIC SERVICES AVIATION, INC.**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:** 65-0959331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | DIRECTOR, VP |
| Name | GOEBEL, BRIAN A. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, SECRETARY |
| Name | SCHULER, EILEEN B. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, ASSISTANT SECRETARY |
| Name | ULREICH-POWER, THOMAS D. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, ASSISTANT SECRETARY |
| Name | THOMSON, JENNIFER L. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |

| | |
|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | BOYER, ROBERT B. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, ASSISTANT SECRETARY |
| Name | WILHOIT, ADRIENNE W. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, ASSISTANT SECRETARY |
| Name | NICKERSON, JOHN B. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |
| Title | VP, TAX |
| Name | FOCAZIO, LAWRENCE D. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |

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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.

SIGNATURE: EILEEN B. SCHULER**VICE PRESIDENT,
SECRETARY****04/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | TREASURER |
| Name | BOYD, CALVIN R. |
| Address | 18500 NORTH ALLIED WAY |
| City-State-Zip: | PHOENIX AZ 85054 |