

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003115

Entity Name: RESOURCE RECOVERY SYSTEMS, LLC

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: 06-0900935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BOYER, ROBERT B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name SCHULER, EILEEN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name AMICK, JR., JAMES G.
Address 323 MARBLE MILL ROAD
City-State-Zip: MARIETTA, GA 30060

Title VP
Name GOODSSELL, BRENT
Address 832 LANGSDALE AVE.
City-State-Zip: INDIANAPOLIS, IN 46202

Title VP
Name BRUMMER, GREGG K.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name NICKERSON, JOHN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name HEALY, MATTHEW R.
Address 13832 S. KOSTNER AVE.
City-State-Zip: CRESTWOOD IL 60418

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN B. SCHULER

SECRETARY

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name THOMSON, JENNIFER L.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title SECRETARY
Name SCHULER, EILEEN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name NICKERSON, JOHN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name BOYD, CALVIN R.
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

Title ASSISTANT SECRETARY
Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name THOMSON, JENNIFER L.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054