

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002316

**Entity Name:** REPUBLIC SERVICES ALLIANCE GROUP, INC.

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC7419391498**

**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: 45-2347904**

**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

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name DELGHIACCIO, BRIAN M.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR, PRESIDENT  
Name EDDLEBLUTE, STEVEN HEATH  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR  
Name GOEBEL, BRIAN A.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name BALES, BRIAN A.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, ASSISTANT SECRETARY  
Name BENTER, TIM M.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, ASSISTANT SECRETARY  
Name EGGLESTON, W. T. JR.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name OLSON, JAMES H.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, ASSISTANT SECRETARY  
Name RISSMAN, MICHAEL P.  
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**

**SECRETARY**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, ASSISTANT SECRETARY  
Name SWEET, ANDREW J.  
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 TREASURER  
Name LACY, MARSHA A.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, TAX  
Name FOCAZIO, LAWRENCE  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title TREASURER  
Name LANG, EDWARD A. III  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054