Entity Name	:: ASSOCIATED REFUSE DISPOSAL C	Secretary of State CC8394209125		
1126 W BLODG MARSHFIELD,				
Current Mai	ling Address:			
1126 W BLC MARSHFIEL	DGETT ST. D, WI 54449 US			
FEI Number	: 36-2465559	Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
CLOUSE, JUDI 402 SOUTH KE SUITE 600 LAKELAND, FL	NTUCKY AVENUE			
The above named	I entity submits this statement for the purpose of changin	g its registered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	: JUDITH BLAUW CLOUSE			01/16/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	CLOUSE, JUDITH	Name	KITSON, JANE	
Address	1126 W BLODGETT STREET	Address	2764 SPRINGFOUNT TRAIL	
City-State-Zip:	MARSHFIELD WI 54449-1714	City-State-Zip:	LAWRENCEVILLE GA 30043	
Title	SECRETARY			
Name	BLAUW, JULIE			
Address	5385 PEACHTREE-DUNWOODY RD. APT. 839			
City-State-Zip:	ATLANTA GA 30342			

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: JUDITH CLOUSE

Electronic Signature of Signing Officer/Director Detail

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400000029

PRESIDENT

01/16/2015

FILED Jan 16, 2015

Date