**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # 668864 1. Entity Name KEENÊ ROAD LANDFILL. INC. 02-28-2002 90044 038 \*\*\*150.00 Mailing Address Principal Place of Business 1001 FANNIN SUITE 4000 1001 FANNIN SUITE 4000 HOUSTON TX 77002 HOUSTON TX 77002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2044226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. AT Addition ☐ Delete TITLE TITLE SEWELL, FRANCES NAME NAME HOPKINS, DAVID R STREET ADDRESS 1001 FANNIN SUITE 4000 1001 FANNIN STE 4000 STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77002 **HOUSTON TX 77002** CITY-ST-7IP Change ☐ Addition ☐ Delete TITL F TITLE NAME HOLCOMB, GLENN R NAME STREET ADDRESS STREET ADDRESS 1001 FANNIN SUITE 4000 CITY\_ST\_7IP CITY-ST-ZIP **HOUSTON TX 77002** Change Addition ☐ Delete TITLE TITLE NAME BAUGHMAN, STEVE NAME STREET ADDRESS 1001 FANNIN SUITE 4000 STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP **HOUSTON TX 77002** Change ■ Addition Delete TITLE TITLE. AS KAPLAN, RONALD M NAME NAME STREET ADDRESS 1001 FANNIN SUITE 4000 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77002** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STEINER, DAVID P NAME STREET ADDRESS STREET ADDRESS 1001 FANNIN, SUITE 4000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** ☐ Change ☐ Addition ☐ Delete TITI F TITLE JONES, RONALD H NAME NAME STREET ADDRESS 1001 FANNIN, SUITE 4000 STREET ADDRESS CITY-ST-7IP **HOUSTON TX 77002** CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #