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Secretary of State
04-14-1999 90080 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845254**

1. Corporation Name
WHEELABRATOR PINELLAS INC.

Principal Place of Business	Mailing Address
C/O WHEELABRATOR TECH. INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521	C/O WHEELABRATOR TECH. INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/15/1980

4. FEI Number: 36-3110153 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Wheelabrator Technologies Inc.	26 c/o Wheelabrator Technologies Inc.
Suite, Apt. #, etc. 22 4 Liberty Lane West	Suite, Apt. #, etc. 27 4 Liberty Lane West
City & State 23 Hampton, NH	City & State 28 Hampton, NH
Zip / Country 24 03842 25 USA	Zip / Country 29 03842 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, LORNA		1.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60523		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	KEHOE, JOHN M., JR.		2.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD ROAD		2.3 STREET ADDRESS	4 Liberty Lane West	
CITY-ST-ZIP	OAK BROOK IL 60523		2.4 CITY-ST-ZIP	Hampton, NH 03842	
TITLE	V	☒ DELETE	3.1 TITLE	VSD	☒ Change ☒ Addition
NAME	FERGUSON, WILLIAM H.		3.2 NAME	Gregory T. Sangalis	
STREET ADDRESS	3003 BUTTERFIELD ROAD		3.3 STREET ADDRESS	1001 Fannin, Suite 4000	
CITY-ST-ZIP	OAK BROOK IL 60523		3.4 CITY-ST-ZIP	Houston, TX 77002	
TITLE	VAST	☒ DELETE	4.1 TITLE	V	☒ Change ☒ Addition
NAME	HAAK, RICHARD S., JR.		4.2 NAME	Mark P. Hepp	
STREET ADDRESS	3003 BUTTERFIELD ROAD		4.3 STREET ADDRESS	4 Liberty Lane West	
CITY-ST-ZIP	OAK BROOK IL 60523		4.4 CITY-ST-ZIP	Hampton, NH 03842	
TITLE	AS	☒ DELETE	5.1 TITLE	AS	☒ Change ☒ Addition
NAME	COZZI, CARRIE L		5.2 NAME	Mary F. Vangile	
STREET ADDRESS	3003 BUTTERFIELD RD		5.3 STREET ADDRESS	4 Liberty Lane West	
CITY-ST-ZIP	OAK BROOK IL 60523		5.4 CITY-ST-ZIP	Hampton, NH 03842	
TITLE	DVS	☒ DELETE	6.1 TITLE	VT	☒ Change ☒ Addition
NAME	PLITCH, LAWRENCE W		6.2 NAME	Ronald H. Jones	
STREET ADDRESS	3003 BUTTERFIELD ROAD		6.3 STREET ADDRESS	1001 Fannin, Suite 4000	
CITY-ST-ZIP	OAK BROOK IL 60523		6.4 CITY-ST-ZIP	Houston, TX 77002	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary F. Vangile Mary F. Vangile 4/6/99 603-929-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)