


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 046 ***150.00

DOCUMENT # F00000000147 1. Entity Name VEOLIA ES SPECIAL SERVICES, INC.					
Principal Place of Business 125 SOUTH 84TH STREET SUITE 200 MILWAUKEE, WI 53214			Mailing Address 3018 N. HWY 146 BAYTOWN, TX 77520		
2. Principal Place of Business - No P.O. Box # 3018 N Hwy 146		3. Mailing Address Suite, Apt. #, etc. 			
City & State Baytown, TX		City & State 		4. FEI Number 39-1432114	
Zip 77520		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name 	
Street Address (P.O. Box Number is Not Acceptable) 				City FL	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROSE, MIKE 3018 N. HWY 146 BAYTOWN, TX 77520	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARR, GEORGE K 700 E. BUTTERFIELD ROAD, #201 LOMBARD, IL 60148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOPP, FREDRIC 6090 N.W. 97TH AVE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRUCKERT, RAPHAEL B 125 S. 84TH STREET SUITE 200 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, KELLY 3018 N. HWY 146 BAYTOWN, TX 77520	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KARIUS, HENRY P 125 S 84TH ST #200 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CFO Ken Bekelja 3018 N Hwy 146, Baytown, TX 77520	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Randall C. Lawson II 6050 State Route 128, Miamitown, OH 45041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Chris Hohol 785 Cty.CB Suite 100, Neenah, WI 54956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: Kelly Jennings 1/28/08 713-307-2150 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					