
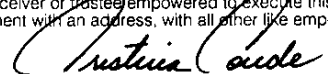


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90043 026 \*\*\*150.00

<b>DOCUMENT # F0000005044</b>					
1. Entity Name VEOLIA ENVIROMENTAL SERVICES NORTH AMERICA CORP.					
Principal Place of Business 700 E BUTTERFIELD RD SUITE 201 LOMBARD, IL 60148 US		Mailing Address 6990 NW 97 AVE BUILDING 5 MIAMI, FL 33178 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4394814	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARR, GEORGE CFO		NAME	SEE STATEMENT ATTACHED	
STREET ADDRESS	700 E BUTTERFIELD RD #201		STREET ADDRESS		
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOURVENNEC, MICHEL CEO		NAME		
STREET ADDRESS	700 E BUTTERFIELD RD #201		STREET ADDRESS		
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASQUET, DENIS		NAME		
STREET ADDRESS	700 E BUTTERFIELD RD #201		STREET ADDRESS		
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROGLIO, HENRI		NAME		
STREET ADDRESS	700 E BUTTERFIELD RD #201		STREET ADDRESS		
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKS, PAUL R		NAME		
STREET ADDRESS	125 S 84 ST., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53214		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD, STEPHANE		NAME		
STREET ADDRESS	700 E BUTTERFIELD RD #201		STREET ADDRESS		
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP		
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: 			02-21-2007 305-499-9495		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		