2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003367

Entity Name: ADVANCED DISPOSAL SERVICES, INC.

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9995 GATE PARKWAY SUITE 200 JACKSONVILLE, FL 32246				7915 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256		
Current Mailing Address:				New Mailing Address:		
9995 GATE PARKWAY SUITE 200 JACKSONVILLE, FL 32246			7915 BAYMEADOWS WAY SUITE 200 JACKSONVILLE, FL 32256			
FEI Number:	59-3683936	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable () Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WODRICH, MICHAEL A 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207 US 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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () E APPLEBY, CHAR 9995 GATE PARI JACKSONVILLE,	(WAY #200		Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition APPLEBY, CHARLES C 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	P () E HALL, WALTER 9995 GATE PARI JACKSONVILLE,			Title: Name: Address: City-St-Zip:	COO (X) Change () Addition HALL, WALTER H JR 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	AT ()E DEL CORSO, ST 9995 GATE PARI JACKSONVILLE,	(WAY #200		Title: Name: Address: City-St-Zip:	CAO (X) Change () Addition DEL CORSO, STEVEN I 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	CFO () C CARN, STEVEN 9995 GATE PARI JACKSONVILLE,			Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition CARN, STEVEN 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	S () E O'BRIEN, MARY 9995 GATE PARI JACKSONVILLE,			Title: Name: Address: City-St-Zip:	CMO (X) Change () Addition O'BRIEN, MARY 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	VP () Change (X) Addition MILLS, CHRISTIAN B 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTIAN B. MILLS VP 02/29/2008