

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000527

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: VEOLIA ES PINELLAS, INC.

**Current Principal Place of Business:**

ONE PENNSYLVANIA PLAZA, STE. 4400  
NEW YORK, NY 10119

**New Principal Place of Business:**

**Current Mailing Address:**

6990 NW 97 AVENUE, UNIT 5  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 65-0550431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: PASSAGE, STEPHEN  
Address: ONE PENNSYLVANIA PLAZA, STE. 4400  
City-St-Zip: NEW YORK, NY 10119

Title: S ( ) Delete  
Name: SKOPP, FREDERIC M  
Address: 6990 NW 97 AVE. #5  
City-St-Zip: MIAMI, FL 33178

Title: TD ( ) Delete  
Name: MURPHY, THOMAS  
Address: ONE PENNSYLVANIA PLAZA, STE. 4400  
City-St-Zip: NEW YORK, NY 10119

Title: AT ( ) Delete  
Name: BRUCKERT, RAPHAEL B  
Address: 200 E. RANDOLPH ST., SUITE 7900  
City-St-Zip: CHICAGO, IL 60601

Title: AT ( ) Delete  
Name: KARIUS, HENRY P  
Address: 200 E. RANDOLPH ST., SUITE 7900  
City-St-Zip: CHICAGO, IL 60601

Title: AS ( ) Delete  
Name: CONDE, CRISTINA  
Address: 6990 NW 97 AVENUE, UNIT 5  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: SKOPP, FREDERIC M  
Address: 6990 NW 97 AVE., BLDG 5  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRISTINA CONDE

Electronic Signature of Signing Officer or Director

AS

02/10/2009

Date