

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000527

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: VEOLIA ES PINELLAS, INC.

**Current Principal Place of Business:**

ONE PENNSYLVANIA PLAZA, STE. 4401  
NEW YORK, NY 10119

**New Principal Place of Business:**

3001 110TH AVE. NORTH  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

125 S. 84TH STREET  
SUITE 200  
MILWAUKEE, WI 53214

**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:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURPHY, TOMMY  
Address: 125 S. 84TH ST., #200  
City-St-Zip: MILWAUKEE, WI 53214

Title: S  
Name: SLATTERY, MICHAEL K  
Address: 200 EAST RANDOLPH STREET, SUITE 7900  
City-St-Zip: CHICAGO, IL 60601

Title: AT  
Name: BRUCKERT, RAPHAEL B  
Address: 125 S. 84TH STREET, SUITE 200  
City-St-Zip: MILWAUKEE, WI 53214

Title: AT  
Name: KARIUS, HENRY P  
Address: 125 S. 84TH STREET, SUITE 200  
City-St-Zip: MILWAUKEE, WI 53214

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL K. SLATTERY

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04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date